Government of Saskatchewan

Annual Report 2003-2004

Saskatchewan Health

Saskatchewan Centennial 2005

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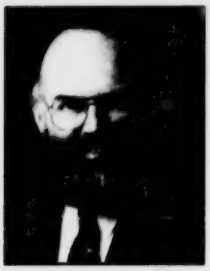
Web address for the Saskatchewan Health 2003-04 Annual Report is
http://www.health.gov.sk.ca

Letters of Transmittal



To Her Honour
The Honourable Dr. Lynda M. Haverstock
Lieutenant Governor of Saskatchewan

May It Please Your Honour:

I respectfully submit, for your consideration, the annual report for Saskatchewan Health for the fiscal year ending March 31, 2004.

This report continues to reflect a move toward greater accountability within government and the Department of Health in particular as we strive to offer the best possible health care to all citizens of our province.

Respectfully submitted,

John T. Nilson Q.C.
Minister of Health

To the Honourable John T. Nilson Q.C.
Minister of Health

Minister:

On behalf of the staff of Saskatchewan Health, I am pleased to present to you the Department's annual report for your consideration. In accordance with *The Department of Health Act*, *The Prescription Drugs Act*, *The Saskatchewan Medical Care Insurance Act*, and *The Vital Statistics Act*, this report covers the activities of the department for the fiscal year ending March 31, 2004.

I would like to commend Saskatchewan Health staff members for their continued dedication to ensure all citizens in the province receive the best possible health care.

Respectfully submitted,

Glenda Yeates
Deputy Minister

Introduction

In 2003-04, Saskatchewan Health continued to progress toward the fulfillment of the goals outlined in our Action Plan. Released in December of 2001, *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care* outlines our vision for the future of health care and provides a blue-print for the continued delivery of accessible, quality health care in Saskatchewan.

The 2003-04 Performance Plan complements the *Action Plan* by setting specific objectives related to the four main goals found in the *Action Plan*. However, it provides more detail, stating key actions and performance measures for the 2003-04 fiscal year. In the 2003-04 Annual Report, Saskatchewan Health will demonstrate results for the year based on the key actions found in both the 2003-04 Performance Plan (www.health.gov.sk.ca/mc_dp_skhlth_2002-03_ar.pdf) and the document, *Our Plan for 2003-04*, which was released with the 2003-04 budget (www.gov.sk.ca/finance/budget/budget03/ourplan.pdf).

The Performance Plan is one step in the process linked to the Government's Accountability Framework, a strategic planning process used to define objectives and outcomes over the longer term, to regularly assess progress, and to report back on progress made. As we continue to hold ourselves accountable for completing each action and for reaching our objectives, we have the means to gauge our progress, to inform the development of future plans, and to ultimately improve performance and increase our accountability to the public.

2003-04 was our second year reporting results based on our performance plan released earlier in the year. We continued to refine the planning and reporting process by:

- adding levels of detail to many of the key actions found within the four key goals and objectives
- reporting on Regional Health Authority expectations and listed results
- providing fuller analysis and discussion of performance results and
- improving financial information by providing revolving fund activities.

Saskatchewan Health continues to look ahead, to plan, and to build a health care system that can provide access to quality services today and into the future. However, we recognize that there are a number of issues that need to be factored into our future plans including: sustainability, recruitment and retention of health care providers, access to services, and changing demographics.

Saskatchewan Health continues to develop innovative strategies to deal with these issues. For more information about our long-term plans, please see the 2004-05 Performance Plan, which was released with the provincial budget on March 31, 2004. The document can be found at the following Web site: www.health.gov.sk.ca/mc_dp_perfplan.pdf.

Who We Are

Health is

> ...a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
> (*World Health Organization*)

Saskatchewan Health plays a leadership role in health program and policy development for our province. This involves working in partnership with Regional Health Authorities (RHA) and key stakeholders including community organizations, professional associations, post-secondary educational institutions, unions, consumers, and other provincial and federal government departments.

Our top priority is to improve the quality of health care and services, while ensuring our health system remains sustainable into the future. In 2003-04, we progressed towards this goal with initiatives like: the development and launch of HealthLine; our work with the Regional Health Authorities and physicians' organizations to better manage surgical access by implementing the Surgical Patient Registry and Target Time Frames; new policies and initiatives to ensure diversity within the health care sector; negotiations to increase compensation for physicians and nurses, and many, many more.

We recognize that investing in change is necessary to achieve our goals, and we have developed and followed a plan for change.

Released in 2001, our *Action Plan for Saskatchewan Health Care* is a clear plan with a clear purpose: building a province of healthy people and healthy communities. This blueprint for change outlines four goals that have guided our actions over the past three years, and will continue to direct the development of quality, sustainable health care in our province.

Vision

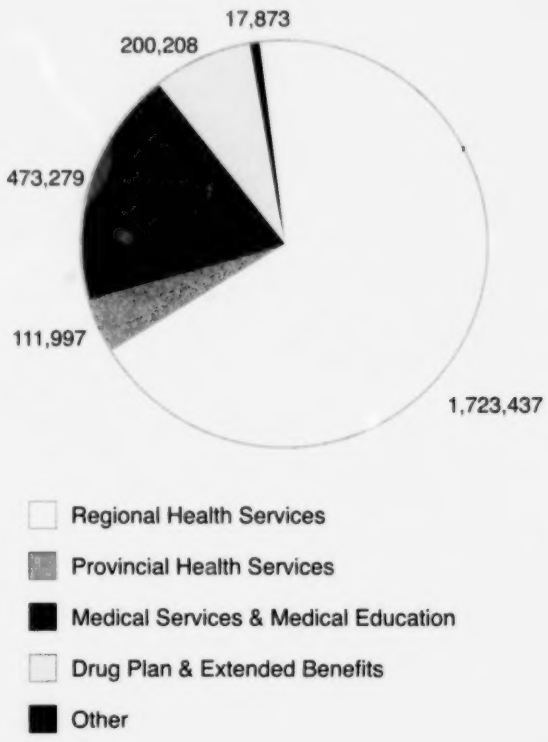
Building a province of healthy people and healthy communities

Our Goals:

1. **Provide better access to health services, including primary, hospital and emergency care;**
2. **Increase effectiveness to support good health and prevent illness;**
3. **Improve health workplaces and address shortages of key health providers; and**
4. **Place a greater emphasis on quality, efficiency and accountability in order to ensure the long-term sustainability of our Medicare system.**

In 2003-2004 the Saskatchewan Government invested $2.527 billion in health care. This represents an increase of 7.9% or $184 million over the previous year. Health care continues to be a priority for the people of Saskatchewan, and the government responded to this priority by increasing our health care investment to 42% of program spending in 2003-04.

These dollars were allocated in the following ways, reflecting the priorities outlined in the 2003-2004 Performance Plan:



Who We Are

Monitoring and delivering services in each of the targeted areas is no small task. Saskatchewan Health is organized into 16 branches, each working to ensure the health system remains both accountable to the people of the province and sustainable into the future. The following list provides only a quick snapshot of some of the successes related to *The Action Plan for Saskatchewan Health Care* over the past year.

- HealthLine was introduced in August of 2003. During its first 8 months of implementation, over 40,000 health care questions were answered by registered nurses.
- In its first full year of operation, the Health Quality Council helped to enhance the efficiency and accountability of the health care system and to inform the public about the quality of health services in the province through:
  - the development of its first strategic plan to improve evidence based decision making in the sector
  - the development and launch of the Quality Improvement Network
  - the launch of an Innovation Fund, which invested $170,000 to support new ideas in quality improvement
- Improved surgical access by developing and launching the Surgical Patient Registry and target time frames.
- 165 students received $700,000 in undergraduate nursing bursaries. Another nine bursaries were awarded to Registered Nurses studying to become primary care nurse practitioners.
- Several capital projects were launched and several were completed in 2003-04: the Parkland Regional Care Centre in Melfort; the All Nations Healing Hospital in Fort Qu'Appelle; the Tatagwa View Long-term Care Facility in Weyburn; a joint use facility in Ile à la Crosse, the maternal and newborn care centre at the Regina General Hospital, and the new Cypress Hills Regional Hospital.

In 2003-04, we continued to build a foundation for change, as outlined in *The Action Plan for Saskatchewan Health Care*. The first step was the reconfiguration of the 32 Health Districts into 12 Regional Health Authorities in 2002-03.

In 2003-04 Regional Health Authorities worked with Saskatchewan Health to implement a better way of managing investment, linking dollars to results, and promoting quality and accountability.

In 2003-04, the government invested almost $1.7 billion in the Regional Health Authorities for hospital based services, long-term and community care, primary health care, and other locally targeted health care services like:

- About 800,000 days of in-patient hospital stays
- About 72,000 CT scans and 12,750 MRI scans
- About 94,000 surgeries or about 258 per day

In Canada, both the federal and provincial governments play a role in the provision of health care.

The federal government provides funding to support health, education, and social services through Canada Health and Social Transfer (CHST). It also provides health services to certain members of the population (e.g. veterans, military personnel, and First Nations on reserve) and maintains safety for food and drugs in Canada.

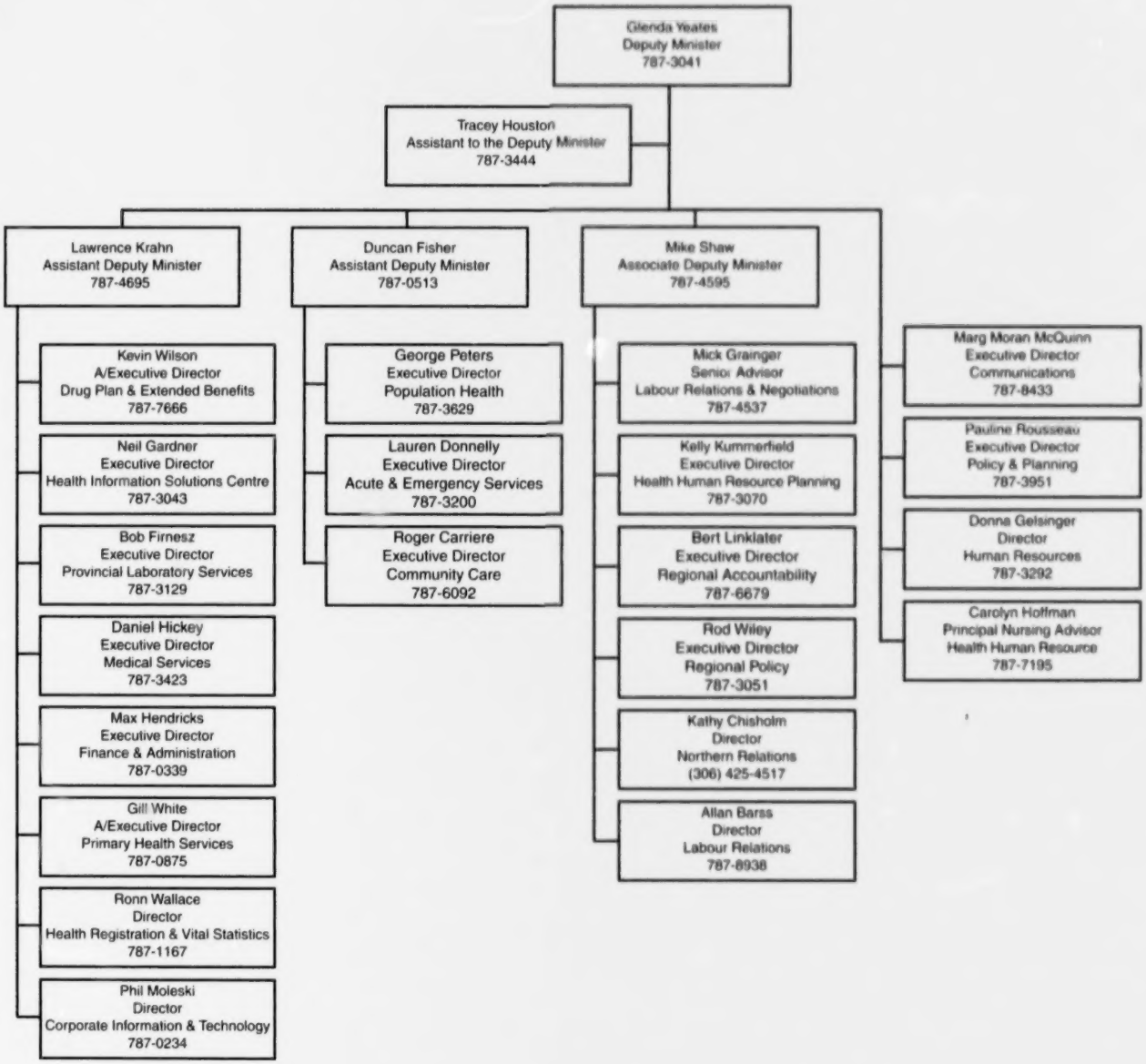
Provincial governments have responsibility for most other aspects of health care delivery. Saskatchewan Health sets policy and standards for health services, and administers the province's annual health budget of almost $2.6 billion.

As we look ahead, we will continue to introduce and expand initiatives to ensure Saskatchewan residents continue to have access to high quality care now and into the future. We believe the first investment we must make is in good health; helping Saskatchewan people make good choices. We also believe in the value of primary health care as a better way to serve the people of our province while we seek to slow the growth of health care costs. All in all, we will work to ensure our health care system runs effectively and efficiently, providing high quality care for generations to come.

Organizational Chart as of March 31, 2004

Saskatchewan Health

Minister of Health – The Honourable John T. Nilson, Q.C.



2003-04 Results at a Glance

2003-04 Results at a Glance

Saskatchewan Health made significant progress in many key areas in 2003-04. Our investments span the full range of health care delivery from the continued development of primary care, improving surgical access across the province, buying necessary medical equipment, to building new health care facilities.

This year, many of our investments also reflect priorities set out by the Regional Health Authorities and the Saskatchewan Cancer Agency. At Saskatchewan Health, we know every investment counts. The following list provides a short sampling of our work in 2003-04.

Summary of Performance Results

Goal 1: Improved Access to Quality Health Services

HealthLine is a 24 hour a day, 7 day a week health advice and information telephone line. Launched in August 2003, it is an innovative, efficient way to ensure that residents across the province have immediate access to health advice. Calls are answered by registered nurses who can assess symptoms, provide health information or advice, and help callers choose the most appropriate source of treatment for their health concerns. For its first eight months of operation, over 40,000 health related questions were answered from every health region in the province.

Regional Health Authorities moved forward with the implementation of Primary Health Care in Saskatchewan, submitting regional plans to continue the development of central, satellite, and visiting teams. To date there are 25 Primary Health Care teams working in various areas of the province. Also, Directors of Primary Health Care are present in Regional Health Authorities and regions are in the process of hiring Team Facilitators.

The Saskatchewan Provincial Diabetes Plan received final approval in February of 2004. Health regions are moving toward the creation of regional diabetes teams to provide a comprehensive and coordinated approach to diabetes management. Some diabetes team members will also be members of primary health care teams.

Saskatchewan Surgical Care Network (SSCN) introduced a set of initiatives to improve coordination of surgical access through Target Time Frames or performance goals, the surgical registry, a standardized process to better assess urgency of care, a Web site, and identification of surgical care coordinators. In combination, all of these elements better inform patients, and better equip doctors for managing surgical access.

We made considerable progress on capital investments in 2003-04. New facilities like the Parkland Regional Care Centre in Melfort were completed in this fiscal year. Facilities like the All Nations Healing Hospital at Fort Qu'Appelle will be completed on June 12, 2004, the Tatagwa View Long-term Care Facility in Weyburn will be completed in October 2004, and there are many other projects currently in the planning phase like a joint use facility in Ile à la Crosse, the maternal and newborn care centre at the Regina General Hospital, and the new Cypress Hills Regional Hospital.

Saskatchewan Health invested $19 million in equipment, responding to requests from the Regional Health Authorities, the Saskatchewan Cancer Agency, and the Provincial Laboratory. Highlights include: $6.8 million to purchase diagnostic and therapeutic equipment, and $2 million dollars to support the purchase of CT scanning equipment in Swift Current, Moose Jaw and Yorkton.

2003-04 Results at a Glance

Goal 2: Effective Health Promotion and Disease Prevention

The Health Minister and medical health officers were given clear authority to respond to serious public health threats such as SARS through the 2003 amendment to The Public Health Act.

Saskatchewan Health developed a strategy to respond to West Nile Virus. The Provincial West Nile Virus Response Plan included public education, surveillance in birds, horses and people, and mosquito control at a total cost of approximately $1.0 million.

Also as part of the strategy, the Department distributed 500,000 brochures and 50,000 pamphlets to raise awareness of West Nile Virus in Saskatchewan.

The Department also provided approximately 100 communities with mosquito control grants for 50% of approved costs to a maximum of $1.00 per capita. The total cost of the grant program was about $500,000.

The Tobacco Control Act required restaurants, bars, bingo halls, billiard halls and casinos to establish a minimum 60% non-smoking section, as of January 1, 2004.

2003-04 is the second year of the "Young Spirits: Proud to be Tobacco Free" anti-tobacco initiative, which is a partnership between Saskatchewan Health and Health Canada. The two components of the initiative were: a radio advertising campaign that ran from January to March of 2004, and a school based element to encourage children in grades 5-9 to create anti-smoking projects.

Amendments were prepared for the Tobacco Control Act for introduction in the Legislative Assembly in 2004-05, which will lead to 100% smoke-free public spaces as of January 2005.

Goal 3: Retain, Recruit and Train Health Providers

All of the Regional Health Authorities and the Saskatchewan Cancer Agency provided Saskatchewan Health with a human resource plan during 2003-04.

Over 500 provincial bursary applications were received and screened, and 316 new bursaries were awarded.

In 2003-04, Saskatchewan Health provided funding to the Saskatchewan Association of Health Organizations for an Aboriginal Employment Development Program.

In March 2004, the Saskatchewan Association of Health Organizations (SAHO) released a Representative Workforce Reference Guide. A first-of-its kind in Canada, the reference guide provides a framework for health organizations to create model policies to help employers create their own representative workforce.

Saskatchewan Health developed and implemented a 2-year Diversity Action Plan with a focus on increased representation, enhanced Aboriginal awareness, and the provision of a supportive/welcoming work environment.

With 4,590,900 visits to family physicians and 993,500 visits to specialists in 2003-04, recruitment and retention of qualified, dedicated health care professionals is a high priority. Saskatchewan Health continued to negotiate with several groups to bolster recruitment and retention efforts through a combination of fee increases and innovative incentive programs.

2003-04 Results at a Glance

GOAL 4: A Sustainable, Efficient, Accountable Quality Health System

Saskatchewan Health continued to build and maintain an effective working relationship with the Health Quality Council in 2003-04. We conducted a joint review of department directed priorities for projects, we conducted briefings/ information sessions from HQC on each project release, and we partnered to sponsor quality initiatives like the Institute for Health Care Improvement Satellite broadcast, and the Quality Improvement Network.

Provincial implementation of the iPHIS (Public Health Information System) in most regions was well underway. The new system will assist public health staff in early identification and management of communicable disease outbreaks.

The Saskatchewan Health Research Foundation completed its first full year of operation in 2003-04. The Foundation plans for and administers most provincial health research funding. The Foundation is currently using the initial funding criteria to guide its work with its funded agencies and competitive grant funding programs, but will adopt the directions and priorities outlined in a new provincial health research strategy currently planned for release in 2004.

There are many factors that affect the progress and management of health care initiatives. Saskatchewan Health will continue to work with its partners within the province and at the provincial, federal and territorial level to meet those challenges.

Surgical and Diagnostic Access

Timeliness of access to surgical care remains at the top of Saskatchewan's health care agenda. Over the past year Saskatchewan Health addressed the following challenges to improve the management of surgical care.

- Different surgical wait lists in different areas of the surgical system including regions, hospitals and surgeons;
- Physicians and health regions managing wait lists and applying the classifications of urgency in very different ways;
- Varying operating room allocation practices across the province, within the individual regions, between different hospitals and among specialties;
- The need for expanded guidelines regarding when and how patients are placed on surgical wait lists; agreement on appropriate wait times for surgical procedures; and, consistent information/data regarding the level of need for patients waiting for surgery.

Saskatchewan Health is now developing a strategy to improve the management of the provincial system of diagnostic care.

Health Human Resources

Saskatchewan Health continues to address health human resource challenges including retention and recruitment of health professionals.

While the number of physicians in Saskatchewan has increased slightly over the past few years, many rural and northern areas still face extreme challenges in attracting and keeping doctors. 80 per cent of the physicians in Saskatchewan practice in urban areas, with the remaining 20 per cent located in rural practices.

Canada's nursing workforce is getting older and fewer young people are joining the profession. An aging nursing workforce in Saskatchewan means that some employee benefits, such as sick leave, are used at higher levels, resulting in greater cost to the health system. Also fewer nurses in key specialty areas constrain health care delivery.

2003-04 Results at a Glance

Demographics

Saskatchewan's Health system serves a population of approximately 1 million people. While our population numbers are relatively stable, the composition of our communities is changing. People of aboriginal ancestry are expected to represent roughly 33 per cent of the total Saskatchewan population within the next 30 years, a 37% increase since 1990.

We have a growing population of elderly people. Saskatchewan has a large proportion of seniors (14.5%). The Saskatchewan 65+ proportion is significantly greater than the Canadian 65+ proportion, which is 12.4%.

All jurisdictions face cost pressures related to population and density. With 42% of Saskatchewan seniors 65+, and 65% of aboriginal people, living in rural Saskatchewan, access and service delivery issues will require effective human resource and health service planning. Additional pressures are brought about by the need to provide health services to Northern and remote regions of the province.

In 2003-04, the Department invested $2.5 billion, $10.971 million less than budgeted. This variance is the result of deferred investments in Federal Accord initiatives partially offset by increased utilization and higher than anticipated Regional Health Authority employee benefit costs.

The following table provides a summary of actual expenditures.

Saskatchewan Health

	2003-04 Actuals $000s
Expenditures	
Administration	6,295
Accommodation and Central Services	4,820
Regional Health Services	1,720,416
Provincial Health Services	111,000
Medical Services and Medical Education Programs	469,411
Drug Plan and Extended Benefits	197,312
Early Childhood Development	6,569
Total Expenditures	**2,515,823**

2003-04 Performance Results

2003-04 Performance Results

This section provides more detailed information on the progress we made towards the long-term objectives listed in the 2003-04 Performance Plan. The goals, objectives, key actions, and performance measures originally presented in our 2003-04 plan are listed below, followed by a report on our actual progress for each.

Also included in this section are direct results of performance measures, as well as Regional Health Authority specific activities.

We have also indicated where the reported actions are found in the government wide "Our Plan for 2003-2004" document.

Goal 1 - Improved Access to Quality Health Services

Objective 1: Responsive, coordinated primary health care

Primary health care involves providing services to individuals, families, communities and populations. It includes a proactive approach to preventing health problems before they occur and ensuring better management and follow-up once a health problem has been identified. Since many of the factors that effect health occur outside of the health system, primary health care works proactively with intersectoral partners and community groups to address broader community needs.

We continued to make progress in the implementation of primary health care in the province in 2003-04 including the launch of HealthLine, which handled over 40,000 calls in its first 8 months of operation. We consulted with various stakeholders, and developed a primary health care evaluation framework. We continue to negotiate with the Saskatchewan Medical Association to establish a new provincial bargaining framework. In February 2004, the Saskatchewan Provincial Diabetes Plan was finalized. This Diabetes Plan is the result of over three years of consultation and collaboration with stakeholders to identify expectations, activities, deliverables, and potential outcomes for a comprehensive province-wide diabetes program.

Key Actions - Results

Continue development of standards for primary health care networks in area of access and program requirements

- Primary Health Services Branch developed a consultation document paper to explore the issue of access to primary health care. The paper included definitions, comparative national and international perceptions, best practices in other provinces, innovative models and barriers.
- We continue to collect feedback from key internal and external stakeholders on the paper through consultations.
- Various Regional Health Authorities have also individually explored dimensions of accessibility in their Primary Health Care plans.

Enhance Regional Health Authority (RHA) capacity to develop and support primary health care teams including consultations with stakeholders to facilitate the RHA enhancement of primary health care; assist RHAs in team building, and review and approve RHA plans for primary health care in each region, including:

Consultations with stakeholders to facilitate the RHA enhancement of primary health care

- Consultations with stakeholders continue.

Assist RHAs in team building. Review and approve RHA plans for primary health care in each region.

- Regional Health Authorities moved forward with implementation of their plans for Primary Health Care.
- Directors of Primary Health Care are now present in Regional Health Authorities and regions continue to hire Team Facilitators.
- Provincial Information Technology (IT) strategy developed with primary health care IT as a major component.

Continue working with the Saskatchewan Medical Association (SMA) to develop model contracts for family physicians including:

Establish a Provincial Bargaining Framework for non-fee-for-service physicians through negotiation with the SMA.

- We continue to negotiate with the SMA to establish a new provincial bargaining framework.

2003-04 Performance Results

Begin drafting legislation to support Framework. Complete implementation of the HealthLine – Saskatchewan's new 24-hour telephone advice line, and begin taking calls August 2003.

- HealthLine managed 44,966 calls from Aug. 2003 – March 31, 2004:
  - Calls were received from every Health Region in the province with the majority coming from Saskatoon and Regina.

  (*2003-04 planned result; Our Plan for 2003-04 Commitment*)

Undertake a communications campaign including television, radio and print advertising.

- Saskatchewan Health developed and introduced a strategic communications plan for HealthLine. The elements included TV, radio, posters, householders, and vinyl stickers. The campaign was phased-in through August and September of 2003 to ensure a manageable call volume resulted. As a result, call volumes peaked at 1680 calls per week during October of 2003.

Support the development of full proposals for projects approved for funding under the four envelopes of the Primary Health Care Transition Fund.

- Saskatchewan was directly involved in six initiatives funded under the federal Primary Health Care Transition Fund. For example: Helping to Sustain Canada's Health System: Nurse Practitioners in Primary Health Care; Multi-jurisdictional Healthlines Initiative; Western Canada Chronic Disease Management Infostructure, Official Languages Minority Envelope, National Primary Health Care Awareness and Strategy, and Northern Health Strategy – Community and Organizational Effectiveness to Enhance the Health Status of all Northerners.
- Approximately $37 million were directed to these projects to enable us to move toward provincial implementation of our primary health care plan. The funded projects have national implications and address issues in primary health care renewal that all jurisdictions face.
- Saskatchewan Health is the administrative lead on behalf of all jurisdictions in Canada on a National Primary Health Care Awareness Strategy. This strategy will receive $9.6M over the next two years.

Facilitate interdisciplinary team building within RHAs for primary health care including:

Hold a Saskatchewan Communications Network (SCN) workshop on team development.

- A Saskatchewan Communications Network (SCN) workshop was held in 2003. The feedback was excellent on the primary health care format and content.

Issue Request for Proposal (RFP) for facilitating interdisciplinary primary health care team building.

- Saskatchewan Health retained Med-Emerg International and the Centre for Strategic Management to stimulate the development of interdisciplinary primary health care teams. Representatives from each of four regional health authorities (Sunrise, South Country, Saskatoon, Keewatin Yatthe) were trained to be facilitators of team development in their respective regions. This approach was chosen to build capacity within regions to stimulate the ongoing growth of team-based service delivery and will be expanded to the other RHAs in the next fiscal year.

Test and evaluate pilot for primary health care team building.

- As part of the primary health care team development initiative, focus groups were held in four RHAs to explore challenges and opportunities in team development. Using the information from these sessions, a workshop was designed to develop the facilitation skills needed for a primary health team. Nineteen people from the four RHAs participated. These facilitators then used the model to work with primary health teams in their regions.

  (*2003-04 planned result; Our Plan for 2003-04 Commitment*)

Facilitate primary health care team building throughout province.

- Saskatchewan Health provided ongoing funding for the hiring of a dedicated team facilitator position. This position is responsible for the development and facilitation of primary health teams in the RHA.
- Legislative changes in process to allow for Primary Care Nurse Practitioners to work in an expanded role.

2003-04 Performance Results

Finalize primary health care evaluation framework

- Following a consultation process, a primary health care evaluation framework was developed.

Implement provincial diabetes plan including:

Approve diabetes plans for RHAs

- The Saskatchewan Provincial Diabetes Plan received final approval in February 2004, and was circulated to each RHA.

Support RHAs on aboriginal diabetes initiatives.

- RHA staff work with community health nurses from First Nations communities to improve communication and follow-up care for First Nations people accessing RHA services.

Monitor and evaluate delivery of diabetes team-based services and implementation of RHA diabetes plans.

- Health regions are reorganizing existing health region staff into regional diabetes team(s). The core diabetes team consists of a nurse and dietitian with specialized diabetes training to support individuals to achieve optimum control of their condition. Other health professionals are added to the core team as available within each RHA. This team also provides support to the PHC teams and other care providers in the region.
- In January of 2004, Saskatchewan Health finalized the development of materials to enhance the knowledge, skill, and ability of health care providers working in an education or caring capacity with people with diabetes. The workshop has the potential to enable the participants to identify and classify the 'foot at risk,' to facilitate early intervention, and make referrals to the most appropriate health care provider. The in-service materials were circulated to RHAs, Saskatchewan podiatrists, and Saskatchewan's First Nations and Inuit Health Branch to support a consistent approach across the province.
- Saskatchewan Health is also working with some RHAs in the development of a Diabetic Foot Program.

Goal 1 Objective 1

Measurement Results
Percentage of people with access to primary health care networks(medium-term measure)

Trend

Saskatchewan now has 25 primary health care teams in operation in the province. The number of primary health care networks is a proxy measure of access to care in the population.

Year	PHC Teams
2002-03	22
2003-04	25

Performance Change

- Since 2002-03 three new primary health care teams have been created, bringing the total to 25.
- There continues to be substantial interest with the RHAs and physician groups to develop primary health care teams.

Source

Primary Health Services, Saskatchewan Health

Risks

The process of developing primary health care networks is a slow one, which can be influenced by fiscal constraints and availability of health human resources.

Calculation

Third Parties

Saskatchewan Health works closely with RHAs and health provider groups (e.g. SMA, SRNA) in the development of primary health care networks.

Regional Health Authority Expectations for Goal 1, Objective 1		
Objective	**RHA Expectations**	**2003-04 Actions**
Responsive Coordinated Primary Health Care.	• That RHAs submit plans for primary health care services in each region, and begin implementation. • That RHAs participate in standards development for primary health care. • That RHAs implement diabetes plan for their region consistent with provincial diabetes plan. • That RHAs work with Saskatchewan Health on primary health care team building within their region.	In 2003-04, Regional Health Authorities (RHA) continued to work with Saskatchewan Health to develop and coordinate primary health care in Saskatchewan. The RHAs submitted their plans for the year, outlining specific goals and objectives regarding primary health care, including the development and implementation of new primary health care teams, and the conversion of staff to create regional diabetes teams. The commitment to primary health care from the RHAs is reflected in the Government's commitment as outlined in the Action Plan for Saskatchewan Health Care.

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Goal 1 – Improved Access to Quality Health Services

Objective 2 – Reduce waiting times for surgical procedures

Saskatchewan Health continues to place priority on promoting surgical access and improving the province's surgical system. Saskatchewan Health is leading several initiatives designed to improve the management of wait times.

One such initiative is the Surgical Patient Registry. Information from this comprehensive database allows the surgical care system to better predict who will require what type of surgery in what time frames. The Registry will improve wait list management, assist in determining system capacity and resource requirements, and reduce wait times for patients. To date, seven Regional Health Authorities (RHAs) have implemented the Surgical Patient Registry.

The Minister of Health announced another initiative on March 22, 2004 called Target Time Frames for Surgery. The targets allow RHAs to monitor their surgical care system and track patients to help ensure they receive care according to their level of need. They allow RHAs to manage surgical wait lists and match surgical care system resources to patient need.

Key Actions - Results

Implement and refine the Surgical Patient Registry including:

Provide physicians and staff of the RHAs with information on clinical prioritization tools and registry processes.

Continue to pilot the Surgical Patient Registry (information system).

Establish and staff the registry office.

- A Registry office was established and a Manager hired.

Begin to implement the registry by July 2003.

- To date, Five Hills, Sunrise, Prairie North, Prince Albert Parkland, Cypress, Regina Qu'Appelle and Saskatoon Health Regions have implemented the Surgical Patient Registry. Kelsey Trail, Heartland and Sun Country are working toward implementation by Fall 2004.

Further integrate and modify the registry information system with the RHAs and government information system

- Work to outline the reliability and validity testing of the Patient Assessment Process is underway. Completion is planned for December, 2004.
- Support for the Registry is provided by the Health Information Solutions Centre (HISC) and Corporate Information & Technology Branch (CITB) of Saskatchewan Health.

Continue development of recommended target wait times for surgical specialities based on prioritization by the Saskatchewan Surgical Care Network (SSCN)

- On March 22, 2004, the Minister of Health announced Target Time Frames for Surgery. These Targets are "performance goals" for the surgical care system as follows:

(*2003-04 planned result: Our Plan for 2003-04 Commitment*)

- Priority I, 95% within 24 hours
- Priority II, 95% within 3 weeks
- Priority III, 90% within 6 weeks
- Priority IV, 80% within 3 months
- Priority V, 80% within 6 months
- Priority VI, 80% within 12 months
- All Cases 100 % within 18 months

- Health Regions and surgeons have been asked to work toward meeting two of the Targets: the cancer cases (Priority II – 95% should be seen within 3 weeks) and 100% of "All Cases"within 18 months.
- The targets allow RHAs to monitor their surgical care system and track patients to help ensure they receive care according to their level of need. They allow RHAs to manage surgical wait lists and match surgical care system resources to patient need.

Continue ongoing maintenance of the surgical web site

- The Department continues to work on the re-design of the Web site to improve the ability of the site to capture and present the surgical care system data produced by the Surgical Patient Registry.
- The anticipated launch of the next phase of the web site is the summer of 2004.

Goal 1 Objective 2

Measurement Results
Wait times for surgical specialties and other select procedures

Trend

Over time, we will work toward meeting Target Time Frames for Surgery. The targets are currently set as below, but are subject to change following further research and evaluation

Priority Level	Target Time Frame
Priority I	95% within 24 hour
Priority II	95% with 3 weeks
Priority III	90% within 6 weeks
Priority IV	80% within 3 months
Priority V	80% within 6 months
Priority VI	80% within 12 months
All Cases	Within 18 months

Focus will initially be to work toward goal of providing 95% of cancer surgeries within 3 weeks and all surgeries within 18 months

Performance Change

- Saskatchewan Health has worked with the Saskatchewan Surgical Care Network (SSCN) and physicians on target time frames for six urgency levels. The targets that have been established may be revised following further research and evaluation.
- Focus will initially be to work toward goal of providing 95% of cancer surgeries within 3 weeks and all surgeries within 18 months.

Wait times for surgical specialties and other select procedures (cont'd)	
Source Saskatchewan Health, Saskatchewan Surgical Care Network.	**Risks** • The demand for surgery is dynamic. Surgical techniques and options will continue to change and demand will change them. • The targets are based on the best judgment of the SSCN, and an understanding of the appropriateness of these targets will grow with experience.
Calculation	**Third Parties** • Saskatchewan Health works closely with RHAs, the SSCN and physician groups in the development of wait times for surgical specialties.

Regional Health Authority Expectations for Goal 1, Objective 2

Objective	RHA Expectations	2003-04 Actions
Reduce Waiting Times for Surgical Procedures.	That RHAs deliver surgical services in accordance with the framework established by the SSCN, and participate in the provincial Surgical Patient Registry.	Working with Saskatchewan Health and the Saskatchewan Surgical Care Network's (SSCN) framework for surgical procedures and recommendations for target time frames, the RHAs were able to reduce the surgical wait list by 10%.

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Goal 1 – Improved Access to Quality Health Services

Objective 3: Improve Emergency Medical Care

Saskatchewan people depend on quality emergency medical services. Our geography and population patterns require innovative approaches to emergency care to ensure fair and equitable access to health services for all Saskatchewan residents. Significant progress was made in 2003-04.

Key Actions – Results

Continue Training Emergency Medical Service Responders (EMRs) up to Emergency Medical Technician (EMT) – basic level. Based on year one (2002-03) of this initiative, review and update training requirement with the RHAs. The 3-year (2006-07) training target for this initiative is 240.

- Two part-time training programs were established in April 2004 – one in Cypress (Maple Creek with 11 students) and one in Sun Country (Weyburn with 10 students) health regions. In addition, 13 EMRs were able to attend full-time programs and received bursaries of $2,500 each to assist them with program costs.
  (*2003-04 planned result: Our Plan for 2003-04 Commitment*)
- Saskatchewan Health is now moving away from the specific target of 240, and focusing more on *The Action Plan* goal of working towards a new standard regarding emergency medical service provider training.
- To date, 91 EMRs have accessed the EMT training initiative.

Develop recommendations related to improving consistency of road ambulance fees across the province

- Options for achieving consistency in road ambulance fees across the province will be addressed as resources allow.

Ensure that the remaining ambulance services are dispatched through a wide-area dispatch centre

- With all ambulance services now being dispatched through a wide area centre, the next phase of improving the EMS dispatch will be improving the coordination among the existing wide area dispatch centers (e.g. mapping, software, etc.).

Implement performance-based contracts between RHAs and wide-area dispatch centres

- The EMS Working Group had its first meeting in November 2003. A priority item at this meeting was the development of a common service agreement for RHAs and ambulance service providers.
- As of March 2004, the draft of a common service agreement for ambulance services was nearing completion. As determined at a meeting of the Working Group in May 2004, development of a performance-based contract for dispatch providers is on the work-plan of the Working Group for 2004-05.

Goal 1 Objective 3

Measurement Results
Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training (medium-term measure)

Trend

This measure reflects the level of care that is provided by the emergency medical service provider.

Year	% with EMT
2000-01	98.0
2001-02	98.2
2002-03	98.7

Data for 2003-04 is still being collected and finalized and was not available in time for publication.

Performance Change

- There have been slight increases over the last few years in the percentage of calls where one of the emergency medical providers has, at least, basic-EMT training.
- Saskatchewan Health's performance plan sees the continued training of Medical Service Responders (EMR) up to Emergency Medical Technician (EMT) – basic level.
- This training strategy will help to ensure that the following goal is met: at least one emergency medical service provider responding to an ambulance call has training at the basic EMT level.

Source

Acute and Emergency Services Branch, Saskatchewan Health

Risks

Given its province-wide focus, the measure may not sufficiently capture regional disparities in training levels.

2003-04 Performance Results

Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training (medium-term measure (cont'd)	
Calculation *Numerator:* number of calls where one or more provider has at least basic EMT *Denominator:* total number of calls *Calculation:* (numerator/denominator) * 100	**Third Parties** There are a variety of groups that can influence this measure: RHAs, emergency medical personnel, Saskatchewan Institute of Applied Science and Technology and regional colleges.

Regional Health Authority Expectations for Goal 1, Objective 3

Objective	RHA Expectations	2003-04 Actions
Improve Emergency Medical Care.	• That RHAs provide timely access to 24/7 emergency medical services with appropriately trained providers. • That RHAs implement performance-based contracts with EMS dispatch service providers as contracts are renewed.	Development of a performance-based contract for dispatch providers is on the work-plan of the EMS Working Group for 2004-05.

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Goal 1 – Improved Access to Quality Health Services

Objective 4 - Improved hospital, specialized services, and long-term care

Saskatchewan people depend on quality hospital and long-term care services. To strengthen our hospitals, specialized services, and long-term care we continue to invest in capital projects, new equipment, and specialized centres to help people get the type of care they need.

In 2003-04, we provided $19 million in capital equipment to the Regional Health Authorities to purchase CT scanners, surgical, and therapeutic equipment. We continued our promise to invest in major capital construction projects, completing the Parkland Regional Care Centre in Melfort.

Key Actions – Results

Regional Health Authorities will receive funding to expand and enhance regional health services including:

More service at existing dialysis sites and two new satellite locations

- Expansion in renal dialysis services continues with the recent announcement of services planned for Battlefords and Moose Jaw. The new satellite services in North Battleford became operational in late 2003, with Moose Jaw planning to become operational in 2004-05.

Improved access to specialized medical imaging services such as CT scans and heart vessel examinations

- $2 million was provided to Yorkton, Moose Jaw, and Swift Current for the purchase of CT equipment.

Expanded capacity of the poison information centre, which has proved very valuable since it was introduced in September 2001.

- The contract between the Saskatoon Regional Health Authority and Calgary Regional Health continues to provide for anticipated increased call volumes of approximately 1,400 calls from the general public and from health providers.
  (*2003-04 planned result; Our Plan for 2003-04 Commitment*)

$19 million in funding for medical capital equipment

- Saskatchewan Health funded a total of $19 million in capital equipment purchases in 2003-04. The purchases were identified by the Regional Health Authorities, the Saskatchewan Cancer Agency and the Provincial Laboratory, including:
  (*2003-04 planned result; Our Plan for 2003-04 Commitment*)

  - $6.8 million to purchase diagnostic and therapeutic equipment
  - Over $5.5 million to purchase medical and surgical equipment
  - $1.5 million for new laboratory equipment
  - $1.5 million to address priorities affecting patient safety and comfort.
  - $2 Million of the capital equipment funding was allocated to support purchase and installation of fixed CT scanning equipment in Swift Current, Moose Jaw, and Yorkton.

Funding for construction on the Fort Qu'Appelle First Nations Hospital, the Weyburn Regional Care Centre, the Yorkton Long-term Care Centre, the Melfort Regional Care Centre and a new hospital in Ile à la Crosse

- Considerable progress was made on all of the major capital construction projects which were funded this year:

  - The official opening of the new Parkland Regional Care Centre in Melfort was held September 15, 2003.
  - The grand opening of the new Fort Qu'Appelle Indian Hospital is June 12, 2004.
  - Work continues to progress on the Tatagwa View Long-term Care Facility in Weyburn. Completion is expected on October 30, 2004.
  - Construction began on a new long-term care and multipurpose health care facility to serve residents of Yorkton and surrounding area.
  - Construction is well under way for long-term care addition and renovation to the Assiniboia Union Hospital.
  - The design of new Cypress Regional Hospital continues to progress. This facility will replace the Swift Current Hospital.
  - Planning is progressing for the new joint-use facility (integrated health facility and school) in Ile à la Crosse.
  - Functional programming is nearly completed on the Moosomin Integrated Health Facility that will replace three existing facilities.
  - Functional programming is nearly completed on the new Maternal and Newborn Care Centre at the Regina General Hospital.
  - Planning is progressing on the new Integrated Facility at Outlook.
    (*2003-04 planned result; Our Plan for 2003-04 Commitment*)

Continue regulations and standards development under The Regional Health Services Act

- Saskatchewan Health continues to develop a comprehensive policy framework that will ensure that its legislation and regulations support changes in the health sector.

Continue to implement the removal of the 40-bed restriction in personal care homes including:

Following up the announcement of amendments to The Personal Care Homes Act, such as amending the Licensees Handbook, Personal Care Homes Orientation, and other operational aspects

- In the 2003 Legislative Session, The Personal Care Homes Act was amended to give specific direction respecting the collection and use of security and appointment of a public administrator should the security need to be accessed. These amendments were required in order to ensure an orderly and safe transition for residents in the event that a large personal care home should close suddenly.
- Regulations were drafted to accompany the amendments to the Act. The amended Act and Regulations were proclaimed on September 19, 2003 and have been distributed to stakeholders.

- The Licensees Handbook has been amended to reflect the latest changes to the Personal Care Homes Act and Regulations. The handbook was distributed to all 279 personal care home licensees.
- A Personal Care Worker Course is now required under the revised regulations. The course and handbook were developed in collaboration with St. John's Ambulance and are in the final stages of completion. Course delivery is expected by early summer.

Expand and enhance telehealth in the province ensuring there is at least one telehealth site in each region, which has the telecommunications infrastructure to support quality of service for telehealth

- Telehealth Saskatchewan's network has been expanded to include five new sites, bringing the total number of Telehealth sites to seventeen. The new sites are located in Sunrise (Yorkton), Five Hills (Moose Jaw), Sun Country (Weyburn), Heartland (Kindersley) and Cypress (Swift Current).
- Training was completed at the five new sites on February 6, 2004 and the sites commenced participation in education sessions offered over the network.
- With the addition of these new sites, there is at least one telehealth site in each Region (excluding Athabasca Health Authority).

Goal 1 Objective 4

Measurement Results
Patient satisfaction

Trend

The percentage of the population aged 15 years and over who rate themselves as either *very* or *somewhat satisfied* with the quality of care for:

(a)overall health services
(b)hospital services
(c)family dr/ other physician care
(d)community-based services

Percentage		
	2000-01	2002-03
Overall Health services	85.3	87.9
Services received in hospital	82.9	87.8
Family dr/other physician services	92.6	94.0
Community-based services	90.3	83.2

Performance Change

Patient satisfaction appears to have increased for most health services, with the exception of community-based care.

Source

Canadian Community Health Survey, Cycles 1.1 & 2.1, Statistics Canada.

Risks

There are limitations to this performance measure related to the sampling framework, i.e. some population groups are excluded.

Calculation

Numerator: weighted number of individuals reporting they were very or somewhat satisfied with the service provided.
Denominator: total Saskatchewan population aged 15 or older who used health care services in the 12 months prior to the survey
Calculation: (numerator/denominator) X 100

Third Parties

2003-04 Performance Results

Measurement Results

(a) Number of communities with Saskatchewan telehealth networks (short-term measure)
(b) Number of telehealth sessions, types and participants (short-term measure)

Trend

(a)The number of communities with telehealth networks is increasing.

Year	Communities with Networks
2000-01	9
2001-02	10
2002-03	15

(b)The number of both educational and clinical sessions has increased within a year of operation. The number of people attending educational sessions also increased.

Year	Educational Sessions	Clinical Sessions
2000-01	152 sessions, with 2338 people attending	95 sessions, with 246 patients seen
2001-02	265 sessions, with 3976 people attending	166 sessions, with 237 patients seen
2002-03	351 session with 5381 people attending	137 sessions with 309 patients seen

Performance Change

- There was an increase in the number of telehealth sites in the province, as well as the number of educational and clinical sessions.
- Saskatchewan Health continues to work with the health sector on identifying ways to improve access to quality health services. The telehealth network is one of these strategies.
- Using the latest communication and multimedia technologies, the Telehealth Saskatchewan Network provides a broad spectrum of services that benefit patients, families and community members living in remote and rural areas of the province.

Source

Acute and Emergency Services, Saskatchewan Health

Risks

Fiscal constraints, along with the level of interest within RHAs, can influence expanding the telehealth network.

Calculation

Third Parties

Expanding the number of sites within the telehealth network, and the number of sessions offered, depends on the level of interest of the RHAs.

Regional Health Authority Expectations for Goal 1, Objective 4

Objective	RHA Expectations	2003-04 Actions
Improved Hospital, Specialized Services and Long-term Care.	• That RHAs provide the range of acute care services at each of its hospitals as outlined in the hospital classification section of the Action Plan. • That RHAs ensure access to appropriate inpatient medical services for the population it serves, including networking and transfer arrangements for patients whose clinical needs cannot be met in the region's hospitals. • That RHAs ensure that admissions to long-term care are on the basis of assessed need of individuals whose needs cannot be met appropriately through home care or community based services. • That RHAs support the implementation of the telehealth initiatives in their region.	To the extent of the availability of trained staff and physician coverage, RHA's were able to provide and appropriate range of acute care services. In some cases there may have been a need for certain RHA's to change the mix of services they offered. however, these RHAs worked with Saskatchewan. Health and other RHAs to ensure the continuity of patient care. The majority (68%) of residents of long-term care facilities are assessed and found to require a level of care that cannot be met in the community. The remaining residents may still have significant care needs that are difficult to meet outside of an institutional setting. The RHAs have helped establish telehealth services by providing appropriate facilities and ensuring that their local area networks will support the telehealth quality of service requirements.

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Goal 2 – Effective Health Promotion and Disease Prevention

Objective 1: Better promotion of health and disease prevention

A priority for Saskatchewan Health is to promote wellness and prevent illness. A number of our health promotion initiatives will improve the quality of life for Saskatchewan people and in the long-term, will result in healthier communities.

We have increased understanding of what influences health and recognized the need to work intersectorally to address health issues. The development of a provincial population health promotion strategy will bring focus to population health promotion efforts at both the regional and provincial levels.

Key Actions – Results

The provincial response to the West Nile Virus (WNV) will include public education, surveillance to track the disease in birds, mosquitoes, horses and people, and mosquito

control programs. Assistance will be provided to municipalities to enhance mosquito control to reduce the risk of the spread of West Nile Virus

- In 2003, 935 human cases of WNV were reported in Saskatchewan, including 10 asymptomatic cases, 852 with WNV Fever, 63 with WNV Neurological Syndrome (more serious illness) and 12 unspecified cases. There were 6 deaths reported for which WNV infection was considered to be a contributing factor. These numbers occurred in a year of drought and low counts of culex tarsalis mosquitoes, the main vector.
- The Provincial WNV Response Plan included public education, surveillance in birds, horses and people and mosquito control. The total cost of the program was approximately $1.0 million (excluding provincial laboratory costs related to testing of human specimens).
- The Provincial Laboratory tested approximately 7,000 human specimens for West Nile Virus to assist physicians in the diagnosis of WNV infection.
- The Department provided approximately 100 communities with mosquito control grants for 50% of approved costs to a maximum of $1.00 per capita. The total cost of the grant program was about $500,000.
- Staff from the municipalities, government (Environment, Agriculture, Food and Rural Revitalization), Health Canada worked co-operatively and invested in the training of staff, dead bird pick up, and mosquito management.
- Over 2/3 of the communities participated in source reduction programs and over half larviciding.
- Surveillance of sentinel chicken flocks, mosquitoes, horses, humans and dead birds were developed as a component of the plan. There were 157 positive birds and 133 positive horses.
- A total of 154 traps in 60 communities were used in mosquito surveillance.
- 500,000 brochures and 50,000 pamphlets were distributed to raise awareness of WNV in Saskatchewan.
- A Web site was developed to report updated numbers of WNV cases to the public.

Complete a Provincial Population Health Promotion Strategy including:

Regional and provincial consultations to determine provincial priorities.

- Saskatchewan Health consulted broadly across Regional Health Authorities (RHAs), with intersectoral partners, across government and with external stakeholders on the development of a Provincial Population Health Promotion Strategy.
- The consultation identified four provincial priority areas for action:
  - Mental Well-Being
  - Accessible Nutritious Food
  - Decreased Substance Use and Abuse
  - Active Communities.

Releasing Provincial Population Health Promotion Strategy to guide population health promotion work throughout the province.

- The above-mentioned priorities will form the basis of the provincial Population Health Promotion Strategy to be finalized in 2004-05.
- Health regions will use the provincial strategy as a basis for developing their Regional Population Health Promotion Strategies. RHAs may also identify additional local priorities to include in their strategies.

Beginning to collect baseline information, for example population health promotion activity expenditures at the RHA level.

- Tracking of population health promotion activities within health regions began in January 2004 and continues through June 2004. Health regions submitted an interim report on the tracking process at the end of March 2004, which covered January and February 2004. This interim report provided information about how the tracking process was proceeding in each region. The information will be used to make any necessary adjustments to the tracking process for the remaining time period.
  (*2003-04 planned result: Our Plan for 2003-04 Commitment*)
- Health Regions will submit a final report on the tracking process, covering January through June 2004, by July 31, 2004.

Work with RHAs to develop and implement regional population health promotion strategies, taking into consideration provincial priorities and local needs:

Provide central support to RHAs in the area of training and development in population health promotion.

- See information in key action above.

2003-04 Performance Results

Continue development of a provincial injury strategy:

Internal Steering Committee will make recommendations regarding ongoing development.

Initiate secondary consultations as necessary.

- Saskatchewan Health was represented at a national consultation on injury prevention, where drafts of the provincial strategy were distributed. Results of the national consultation were shared in November 2003 at the National Injury Conference. SMARTRISK, a national prevention organization, is coordinating the development of the strategy. Saskatchewan Health engaged in consultation with stakeholders.

Complete targeted screening program to assess the diabetes status of undiagnosed persons living in high-risk communities:

A Northern community has been selected and the RHA is establishing the process for the initiative.

- Screening is currently taking place within the primary health care (PHC) site in La Loche Health Centre. The screening program was developed as an opportunistic screening program. As a result, screening of this nature will be on-going and sustainable.
- A diabetes nurse educator and dietitian were recruited and are working with the primary health care team and other health professionals in the region to identify at-risk individuals for referral to the screening program.
- The diabetes nurse educator and dietitian provide support and self-management education to all individuals diagnosed with diabetes.

An evaluation process of the targeted screening program will commence.

- The newly recruited diabetes nurse educator and dietitian are working with the PHC team and other health professionals to identify at-risk individuals for referral to the screening program.

Continue amendments to public health regulations in support of environmental health initiatives

- *The Public Health Act*, 1994 was amended in June 2003 to provide clear authority to the Minister and Medical Health Officers to respond to serious public health threats such as SARS.
- Public Accommodation Regulation amendments came into force July 2003. Changes relate to drinking water and indoor air temperature control.

Continue improvement of measurement and reporting on provincial and regional health status:

Work with Federal-Provincial-Territorial partners to select and develop additional Comparable Health Indicator Measures based on the February 2003 First Ministers Accord on Health Care Renewal.

- Saskatchewan Health worked co-operatively through the Conference of Deputy Ministers of Health's Advisory Committee on Governance and Accountability (ACGA) on the selection and development of a comparable health indicators in support of the 2003 *First Ministers Accord on Health Care Renewal* . Saskatchewan Health was also an active member of the Performance Reporting Technical Working Group established to prepare recommendations on indicators and to continue preparations towards release of a second Comparable Health Indicators Report in November 2004.

Prepare for a second Saskatchewan Comparable Health Indicators Report for release in 2004.

- Saskatchewan Health was also an active member of the Performance Reporting Technical Working Group established to prepare recommendations on indicators and to continue preparations towards release of a second Comparable Health Indicators Report in November 2004.

Disseminate region level information from the Canadian Community Health Survey to RHAs.

- Saskatchewan Health disseminated 2001-02 statistical information from the Canadian Community Health Survey to regions

Continue indicator development in support of a range of activities, including strategic planning, RHA accountability, interdepartmental strategies and departmental initiatives.

- A series of indicators were developed in support of Regional Health Authority accountability. A Technical Committee on Indicator Development (TCID) was established to provide technical specification of these indicators. The TCID includes representatives of RHAs, Saskatchewan Health, Saskatchewan Cancer Agency, Provincial Auditors Office.

2003-04 Performance Results

- As a result, Regional Health Authorities will include a number of comparable indicators in their 2003-04 annual reports including indicators on organizational effectiveness (quality, human resources) as well as a series of program indicators (community care, population health, acute and emergency services).

Support intersectoral policy initiatives including the Early Childhood Development Plan, Youth Services Model, School[Plus] and the Fetal Alcohol Spectrum Disorder (FASD) Framework, to address the needs of children and youth as well as the Metis and Off-Reserve Strategy:

Participate in Phase II of the Youth Services Model program evaluation.

- Partners from Saskatchewan Health, Community Resources and Employment, Corrections and Public Safety, Saskatchewan Justice, and Saskatchewan Learning have contracted the Social Policy Research Unit of the University of Regina to provide a detailed analysis of Phase II program evaluation.

Continue to promote, assist regional development, and examine resource allocation of the School[PLUS] program.

- As part of the School[Plus] initiative, Saskatchewan Health provided $25,000 in the 2003-2004 fiscal year as 'seed money' for the implementation of action research projects involving parents, teachers, human service departments and community members to enhance community capacity and leadership. Ten projects have been approved through the submission of proposals in 2003-2004, which support themes encompassing aboriginal student success, youth leadership, prevention and early intervention, shared professional leadership, arts and learning, and lifestyle development.
- Funding is shared by departments connected to the Human Services Integration Forum and is handled by Saskatchewan Learning.
- Saskatchewan Health continues to work with other departments and RHAs as regions plan and develop their Community Service Delivery Mechanisms (CSDMs) which will link human service programs with schools. The CSDMs will assist partners at the regional level to plan collaboratively to meet the diverse needs of children and youth and their families.

Participate in the development of the FASD provincial policy framework and seek input through the establishment of a community discussion process.

- Saskatchewan Health is the lead department of an Interdepartmental Working Group to develop the provincial strategy. Information was gathered from a number of sources, including Community Discussions on FASD over the past year. A public document will be released outlining more information pertaining to the provincial strategy, broader direction and initiatives in 2004.

Support early childhood development initiatives as outlined in the budget document entitled Our Plan for 2003-04, www.gov.sk.ca/finance/ budget

- Saskatchewan Health provided $6.6 million to KidsFirst to provide a range of services, including an intensive home visiting program; enhanced childcare and early learning; improved access to community based supports; and dedicated mental health and addictions services. For more information, please visit: www.sasked.gov.sk.ca/branches/ecd/kids_first.shtml

Continue to participate in activities supporting the Long Term Safe Drinking Water Strategic Plan:

Obtain National Accreditation for the Provincial Laboratory's Water Testing Section, with final accreditation targeted for April 1/04.

- In February 2004, Water Testing Section received accreditation from the Canada/Canadian Association for Environmental Analytical Laboratories (SCC/CAEAL). This accreditation program consists of regular on-site assessments and proficiency testing. It ensures that laboratory facilities, procedures and methods conform to ISO 17025, an internationally recognized standard.

Work with RHAs and Saskatchewan Environment to complete an updated Bacteriological Follow-up Protocol for Waterworks.

- Revisions to the *Bacteriological Follow-up Protocol for Waterworks* were completed to clarify the steps necessary to report and resolve bacteriological water quality problems detected through routine water quality monitoring or resulting from treatment failures at waterworks.

2003-04 Performance Results

Work with RHAs to refine water-borne disease reporting systems for completion.

- During 2002-03 and 2003-04, in response to recommendations made in the North Battleford Inquiry Report, Saskatchewan Health and the health regions made several changes to communicable disease investigation procedures contained in or associated with the Communicable Disease Control Manual.

Implement database to assist Medical Health Officers (MHO), Public Health Inspectors (PHI) and plant operators, and review effectiveness.

- The Laboratory Information Management System, expected to be implemented by the end of 2004, will enable urgent water test results (E.coli and fecal colifroms) to be sent electronically to designated health region officials. This will supplement the current practice of having the Provincial Laboratory immediately telephone the health region of these test results.
- The Public Health Inspector Information System was modified during 2003-04 to allow capturing of information on Saskatchewan Health regulated water supplies. Further system enhancements in 2004-05 will allow for links with the Provincial Laboratory Information System. expected to be implemented in 2004-05. Together, the systems will improve public health assessments of water supplies.

Collaborate with the University or Regina in developing methods for the analysis of trace elements in drinking water (i.e. pesticides.)

- Following collaboration with the University of Regina on pesticides, it has been decided to develop a test method that incorporates current trihalomethane measurements with the same instrument. It is expected this will be accomplished in 2004/05.

More detailed information on the Long-term Drinking Water Strategy can found in the 2003-04 Annual Report on the "State of Drinking Water Quality in Saskatchewan and the Safe Drinking Water Strategy."

Continue to work with the Office of Disability Issues in the development of Saskatchewan's Disability Strategy

- Collaborative efforts continue, led by Office of Disability Issues, Department of Community Resources and Employment (DCRE). Key principles have been identified as well as six priority areas for initial action. Saskatchewan Health is involved in several of the priority areas including: access to extended health benefits based on impact of disability and income; supports for families caring for children with disabilities; and supports for individuals with cognitive disabilities. Other priority areas are: support for training and employment of people with disabilities; supported housing options; and access to substitute decision making supports and supports to prevent financial abuse.

Participate in the intersectoral development of programs and policies to complement and respond to the new Youth Criminal Justice Act:

Participate in the development of an Intensive Rehabilitative and Custody Supervision (IRCS) program for seriously violent young offenders with mental disorders in Saskatchewan.

- Saskatchewan Health has provided approximately $527,000 (2003-04) to cover the costs of implementing the Youth Criminal Justice Act, including specialized assessment and treatment. (*2003-04 planned result: Our Plan for 2003-04 Commitment*)

Develop health policies and guidelines for handling court ordered assessments for youth charged under the Youth Criminal Justice Act.

- Stakeholders were consulted in the development of guidelines for court ordered assessments.

In addition to the Key Actions outlined in the 2003-04 Performance Report, Saskatchewan Health was also responsible for the following:

- Tobacco Control initiatives in 2003-04:
  - *The Tobacco Control Act* required restaurants, bars, bingo halls, billiard halls and casinos to establish a minimum 60% non-smoking section, as of January 1, 2004. (*2003-04 planned result: Our Plan for 2003-04 Commitment*)

2003-04 Performance Results

- Proposed amendments to The Tobacco Control Act were developed in 2003-04 that include a 100% smoke-free ban in restaurants, bars, bingo halls, billiard halls and casinos, effective January 1, 2005. These amendments will be considered in the Legislature in Spring 2004.
- 2003-04 is the second year of the "Young Spirits: Proud to be Tobacco Free" anti-tobacco initiative, which is a partnership between Saskatchewan Health and Health Canada. This project has two components: a school-based element for grade 5-9 students, which encourages them to develop and implement an anti-tobacco project, and a province-wide radio advertising campaign, with production assistance from Missinipi Broadcasting Corporation. This year's radio campaign ran from January 19 (during National Non-Smoking Week) to the end of March 2004.
- The Toolkit for Tobacco Retailers was launched in May 2003. This toolkit is a collaborative effort involving retailers and the provincial and federal governments to support tobacco retailers. It contains information about both the federal and provincial tobacco legislation. The Toolkit for Tobacco Retailers is also available on the Saskatchewan Health web site. Retailers and their employees can study the contents and take the test online. The results of the test are provided immediately electronically.
- In September 2003, Saskatchewan Health presented a distance learning workshop for tobacco retailers to provide information which will help them comply with *The Tobacco Control Act*, specifically preventing the sale of tobacco products to minors. About 250 retailers participated at 16 sites province-wide. The workshop was then put on the internet for five months of future viewing.
- Saskatchewan Health has provided Health Regions with three resources related to tobacco cessation and aboriginal smokers. The resources reviewed and recommended by several health region contacts are: *Tobacco: A Cultural Approach to Addiction and Recovery for Aboriginal Youth, Medicine Bag: Help for Smokers and Tobacco Addiction* and *Recovery a Spiritual Journey.*

- Provincial implementation of iPHIS (Public Health Information System), an internet based communicable disease information system for case management and surveillance, across the province.
  - Saskatchewan has adapted iPHIS, a public health communicable disease information system for use by regional health authorities across the province. It will improve reporting and follow-up on infectious diseases and lead to better control of those diseases. The program is expected to be implemented in all RHAs in 2004-05.

Goal 2 Objective 1

Measurement Results
Chlamydia trachomatis incidence rates per 100,000 population

Trend

Data previously presented was based on Health Canada estimates from preliminary data sent by Saskatchewan Health. Saskatchewan Health no longer sends preliminary data to Health Canada and now uses constantly updated estimates generated by the Communicable Disease Information Consultant, which can be produced on a more regular and timely basis for reporting. These rates may differ from Health Canada sources.

Year	Rate per 100,000 population
1999	254.2
2000	287.9
2001	309.2
2002	352.7

Performance Change

- There has been a steady rise in incidence rates for chlamydia from 1999 to 2000.
- Many factors including education, socio-economic status, psychological well-being and self-esteem influence engagement in high-risk behaviour that may lead to a sexually transmitted infections (STI).

Source

Communicable Disease Centre, Saskatchewan Health

Risks

- Saskatchewan Health has a role in education and prevention of STIs, but there is limited control over behavioural change.
- increasing incidence rates of chlamydia may be partially accounted for by the advances in diagnostic technology. Current incidence rate should be interpreted in the context of increased reporting and improved sensitivity of testing procedures.

Calculation
Numerator: Number of cases of *chlamydia trachomatis*
Denominator: Population estimate
Calculation: (Numerator/ Denominator) * 100,000

Third Parties

Regional health authorities, health professionals and members of the public all play a significant role in this measure.

2003-04 Performance Results

Measurement Results
Diabetes prevalence rate (type 1 & 2) per 1,000 population

Trend

A diabetes case is defined as a person:
(a) discharged with a diagnosis of diabetes (ICD-9 250) or
(b) seen twice by a physician for diabetes (ICD-9 250) within a period of two years.
This definition is applied across the registered Indian and other population.
Based on this definition, prevalence rates of diabetes appear to have increased gradually over time in the province. Incidence rates have decreased, however, since 1997 until 2001-02 according to provisional estimates.

Total Population		
Year	**Diabetes Prevelance Rate per 1,000**	**Diabetes Incidence Rate per 1,000**
1997-1998	32.7	5.6
1998-1999	35.9	5.0
1999-2000	38.5	4.4
2000-2001	40.2	3.3
*2001-2002	43.2	3.7

The numbers presented here may differ from NDSS national reports, as NDSS generates data based on the population aged 20 and older. Rates here are for the total population, all age groups being included in the numerator and denominator.

Performance Change

- The diabetes prevalence rate has increased over the last five years, while the incidence rate has decreased. An increase in prevalence, while there is a decrease in incidence, can be explained by the following factors:
  - It is not uncommon for this to happen with a chronic disease, because the disease never goes away;
  - The population over the period has been relatively stable, and deaths or out migration have not exceeded or kept up with the number of new diabetes cases (therefore, even though diabetes is occurring less often than prior years, prevalence continues to increase because diabetic cases are remaining in the province).
- Diabetes is a multi-factorial disease that requires intervention in several areas including, diet, physical activity, and is associated with several other non-medical determinants of health (e.g.) education, socio-economic factors.
- In February 2004, Saskatchewan Health finalized the Provincial Diabetes Plan, which provides regional health authorities with a framework for a comprehensive and coordinated approach to diabetes management.
- Saskatchewan Health continues to work with RHAs and stakeholders on population health strategies, such as the importance of health lifestyle choices.

Source

Population Health Branch, Saskatchewan Health (using National Diabetes Surveillance System (NDSS) methodology and case definitions)

Risks

Changing personal lifestyle and behaviour is a slow process. Fiscal constraints can also impact broader population health strategies.

(chart continued on page 33)

Diabetes prevalence rate (type 1 & 2) per 1,000 population (cont'd)

Calculation

(a) Prevalence
Numerator: The number of new and pre-existing diabetic cases in all age groups during the period April 1 to March 31 of the current fiscal year
Denominator: Covered population over the specified period
Calculation: (Numerator/Denominator) * 1,000

(b) Incidence
Numerator: The number of new diabetic cases in all age groups during the period April 1 to March 31 of the current fiscal year
Denominator: Covered population over the specified period
Calculation: (Numerator/Denominator) * 1,000

Third Parties

- Regional health authorities, health providers, public organizations and members of the public can influence diabetes trends.

Measurement Results
Percentage of daily youth smokers (12-19 years) in Saskatchewan (Long-term measure)

Trend

Data is presented for current teen smokers, i.e., those who reported they currently smoked either daily or occasionally. Given the highly addictive nature of smoking, even occasional smoking is important to monitor, especially in youth.

	Total Population	
Year	**Current (daily or occasional) Smokers (%)**	**Daily Smokers (%)**
2000-2001	20.5	15.5
2003-2004	15.2	9.8

Performance Change

- Generally rates have been decreasing, at both the national and provincial level.
- Saskatchewan Health continues to work closely with the health sector on a variety of anti-smoking strategies, for example education strategies that target youth (i.e. "Young Spirits: Proud to be Tobacco Free" anti-tobacco initiative), and tobacco control legislation.

Source

Canadian Community Health Survey, Cycles 1.1 & 2.1, Statistics Canada

Risks

- Changing personal lifestyle and behaviour is a slow process.
- Methodological challenges include the possibility that some respondents may modify their responses to reflect greater social desirability.

Calculation

Numerator: weighted number of individuals aged 12-19 years who reported they currently smoked, daily or occasionally
Denominator: total Saskatchewan population 12-19 years
Calculation: (numerator/ denominator) * 100

Third Parties

In addition to Saskatchewan Health, regional health authorities, Health Canada, and the public all play a role in changing smoking behaviour.

Regional Health Authority Expectations for Goal 2, Objective 1

Objective	RHA Expectations	2003-04 Actions
Better Promotion of Health and Disease Prevention.	• That RHAs will work with the department to initiate implementation of population health promotion initiatives taking into consideration provincial priorities and local needs including: - Developing action plans based on the needs of the region's respective communities. • That RHAs will continue to participate in activities supporting the Long-term Safe Drinking Water Strategic Plan including: - Monitoring compliance of the Health Hazard Regulations related to public water supplies and regulated by Saskatchewan Environment. • That RHAs maintain effective health protection programs to minimize disease risk from environmental exposure: - RHAs will enforce health regulations pursuant to The Public Health Act, 1994. - RHAs will perform inspections on licensed facilities governed by these regulations to ensure compliance. • That RHAs develop and implement a plan for reducing tobacco use in their region. • That RHAs enforce the smoke-free public place provisions of The Tobacco Control Act, including the issuing of tickets and laying of charges as appropriate.	Saskatchewan Health and Health Regions jointly coordinated eleven regional consultations to identify provincial priorities for action in population health promotion. Identified provincial priorities were: Mental Well-Being; Accessible Nutritious Food; Decreased Substance Use, and Abuse; Active Communities. These priorities will form the basis of the provincial Population Health Promotion Strategy to be finalized in 2004-05. Health Region public health inspectors continued to inspect and assess water systems and other public facilities to ensure compliance with public health regulations. Saskatchewan Health provided Health Regions with three resources related to tobacco cessation and aboriginal smokers. They are: - *Tobacco: A Cultural Approach to Addiction and Recovery for Aboriginal Youth,* - *Medicine Bag: Help for Smokers* - *Tobacco Addiction and Recovery a Spiritual Journey.*

(chart continued on page 35)

Regional Health Authority Expectations for Goal 2, Objective 1 (cont'd)		
Objective	**RHA Expectations**	**2003-04 Actions**
	• That RHAs work towards reducing the incidence of sexually transmitted infections (STIs) by promoting education and testing of high risk individuals and groups; promoting sexual health education in schools; and ensuring contact tracing, partner notification and counselling.	

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Goal 2 - Effective Health Promotion and Disease Prevention

Objective 2 - Improve the health of Northern and Aboriginal communities

Northern and Aboriginal communities have their own issues and concerns when it comes to health care. They also have unique perspective on how to bring better health care to their people. Significant progress has been made through the year in working towards creative solutions to achieving improved health for northern and Aboriginal communities.

Key Actions - Results

Work towards implementation of a Northern Health Strategy:

The full Memorandum of Understanding to be signed by the province and Health Canada. Coordination and implementation of some specific joint health program planning and delivery is expected. Programs will be based on priorities identified in the strategic planning exercise.

- Leaders from northern health authorities, the Northern Inter-Tribal Health Authority, Health Canada and Saskatchewan Health have been participating in the development of a Northern Health Strategy that recognizes these unique issues and meets the needs of northern people.
- In 2003-04 there was a particular focus on preparing a proposal to access funding from the Federal Primary Health Care Transition Fund.
- In December 2003 the federal government indicated that Saskatchewan's proposal was accepted.
- The remainder of the fiscal year was used in the development of a budget plan, and the recruitment of a project manager.

The Northern Health Strategy Working Group (NHSWG) will consult with stakeholders.

- See information above.

Develop proposal to access funding from Federal Primary Health Care Transition Fund.

- See information above.

Begin development of a Dental Health Strategy for both children and adults.

- Representatives of the Northern Health Strategy working group have established meetings with the College of Dentistry to explore the possibility of developing a comprehensive dental program in northern Saskatchewan.
- The group is examining the need for dental services, obstacles and opportunities for developing a program. Any developments will build on current dental programming established and delivered by northern health regions and northern First Nation health programs.

2003-04 Performance Results

Participate in the Government of Saskatchewan Métis and Off-Reserve First Nations People strategy, to ensure improved health status and representation in the workforce.

- The Métis and Off-Reserve First Nations Peoples Strategy (MORS) is an interdepartmental strategy initiated in 2001-02 that responds to the 1996 Report of the Royal Commission on Aboriginal Peoples and to priorities expressed by the Aboriginal community.
- Government Relations and Aboriginal Affairs (GRAA) manages MORS; Saskatchewan Health participates in the Interdepartmental Committee that co-ordinates government-wide initiatives included in the strategy. A MORS Progress Report for 2001-02 and 2002-03 can be found on the web site of GRAA (http://www.graa.gov.sk.ca/aboriginal/html/relations/urban/MORPublicRpt-Feb.2004.pdf).
- MORS Accomplishments for 2003-04 will be presented during 2004-05, and will include performance measures and key actions for all of the objectives in the Strategy.

Goal 2 Objective 2

Measurement Results
Potential Years of Life Lost (PYLL) per 100,000 population for Saskatchewan Registered Indian People (long-term measure)

Trend

PYLL is the number of years of life lost when a person dies prematurely from any cause, defined as death before age 75. Decreasing rates of overall PYLL are regarded as a proxy measure of access and uptake of culturally sensitive prevention services in the province.

The PYLL rate has remained relatively stable within the province in the last couple of years.

Year	Registered Indian Population	Remainder of Population
1998	11,276.1	5,770.2
2001	11,998.0	5,040.0
2002	11,382.4	5,117.8

Performance Change

- The PYLL rate for registered Indian peoples continues to be greater than the remainder of the population.
- Saskatchewan Health continues to work with the health sector and Aboriginal organizations to improve the health status of Aboriginal peoples.
- For example, Leaders from northern health authorities, the Northern Inter-Tribal Health Authority, Health Canada and Saskatchewan Health have been participating in the development of a Northern Health Strategy that recognizes these unique issues and meets the needs of northern people.
- Saskatchewan, along with other jurisdictions, continues to pressure the federal government to meet its broader responsibilities to Aboriginal peoples.

Source

Saskatchewan Health, Vital Statistics Branch and Saskatchewan Person Registry System

Risks

- This is a broad level measure, where influence is limited by the broad determinants of health. It is less a measure of health system performance than overall socio-economic and environmental circumstances.

Calculation

Numerator: Deaths of persons under age 75, by age group, registered Indian status and cause
Denominator: Population estimate
Calculation: (75- mean age * number of deaths) * 100,000

Third Parties

- The federal government has a fiduciary responsibility to Aboriginal peoples and can influence the broader determinants of health, which in turn impacts the PYLL.
- First Nations organizations (bands, tribal councils, etc.) actively work to improve socio-economic and environmental conditions for First Nations.

GOAL 3 - Retain, Recruit, and Train Health Providers

Objective 1: Improve utilization and availability of health human resources.

Saskatchewan Health recognizes our health professionals are the foundation of our health care system. Qualified health professionals are in great demand across our country and around the world. Through our health human resources strategy we continue to address the challenges of attracting and keeping skilled health providers. Initiatives undertaken this year have moved Saskatchewan Health forward in addressing many of those challenges.

Key Actions - Results

Implement province-wide health human resource planning:

Implement and monitor RHA accountability framework for health human resources in 2003-04.

- All of the Regional Health Authorities and the Saskatchewan Cancer Agency provided Saskatchewan Health with a human resource plan during 2003-04 based on the following framework:
  - Environmental scan
  - Supply analysis
  - Needs analysis
  - Gap analysis
  - Identify issues and set priorities
  - Strategies/actions to address the issues

Implement a more comprehensive human resource-planning framework for regions.

- See information above.

Incorporate performance indicators into payroll/HR system(s) and into new RHA Accountability Framework.

- All of the regional health authorities are now using the Saskatchewan Association of Health Organizations (SAHO) payroll.

Continue working on human resource planning indicators in the areas of absenteeism, workforce turnover, and representative workforces. These indicators will assist health human resource planning at the regional and provincial level. Also begin development of forecasting model(s) for health human resource planning.

- Templates for the human resource indicators have been developed for the TCID. The templates include sick leave, turnover, percent aboriginal employees and long-term vacancies.

Begin development of provincial physician resource plan.

- In 2003/04 the Regions submitted physician resource system plans, which will assist in service delivery.

Complete a Nursing Labour Market Study.

- Saskatchewan Health, in collaboration with Saskatchewan Learning, prepared and released A Joint Report on the Education and Employment of Licensed Practical Nurses in Saskatchewan (July, 2003). The study was used to inform and support planning related to Practical Nursing education opportunities in the province.
- "Labour Market Analysis - Saskatchewan Nursing - 2003 Update" was publicly released on July 31, 2003. Using the information contained in this report, the number of nursing seats in the province was increased.

Implementing new physician alternate payment agreements.

- Four new alternative payment contracts were established: Urology services in Moose Jaw and Swift Current, General Practitioner services in Central Butte, and Neonatal Intensive Care in Saskatoon. Enhancements were made to existing contracts such as Anaesthesia in Swift Current and General Surgery in Prince Albert.

Continuing intake of 60 students per year at the College of Medicine.

- Intake of 60 students per year to the College of Medicine continued.

2003-04 Performance Results

Increase training opportunities for select health professions:

Assess the training needs for select professions in conjunction with Saskatchewan Learning.
(*2003-04 planned result: Our Plan for 2003-04 Commitment*)

- The Nursing Education Program of Saskatchewan (NEPS) is being expanded by 100 additional seats. The expansion will take place in phases over the next two years, with full implementation in the fall of 2005. This will bring the total number of NEPS nursing seats in Saskatchewan to 400.
- The capacity of the practical nursing program was increased by 16 seats in 2003-04.
- A new cytotechnology program commenced at Saskatchewan Institute of Applied Science and Technology (SIAST) in Fall 2003.

Work with RHAs and educational institutions, in conjunction with Saskatchewan Learning, to develop alternate clinical placement models/arrangements to meet priority needs.

- Interprovincial training agreements provide the following number of training seats for Saskatchewan students at:
  - Southern Alberta Institute of Technology (SAIT) in Alberta: respiratory therapists (8); and nuclear medicine technologists (4).
  - Northern Alberta Institute of Technology (NAIT) in Alberta: Denturists (2)
  - University of Alberta: Occupational Therapy training seats (15).
  - University of Waterloo: Optometry (4)
  - BC Institute of Technology: Orthotics/Prosthetics (3)
- At SIAST the dental assisting and hygiene programs were increased from 60 to 65 and 24 to 26 students in Fall 2003.
- Funding was provided to SIAST in 2003-04 to develop a distance education program for Medical Lab Assistants. This course is slated to begin in the fall of 2004.

Continue to support increased collaboration between provincial training institutions and regional health authorities (e.g. Saskatchewan Academic Health Sciences Network.)
(*2003-04 planned result: Our Plan for 2003-04 Commitment*)

- In June 2003, the government (Learning and Health) announced its continued financial commitment to the College of Medicine to ensure its ongoing accreditation. The money will be used to hire additional faculty and enhance library services.
- In September 2003 Government announced that a new Academic Health Sciences facility would be built at the University of Saskatchewan. The new building will provide integrated health science teaching centres, expand research, and increase educational resources.

Enhance Provincial Bursary Programs

Assess appropriate allocation of bursaries.
Continue to offer nursing and re-entry nursing bursaries and explore graduate training bursaries.
Continue to offer internship bursaries for select disciplines.

- During 2003-04 over 500 applications were received and screened and 300 new bursaries were awarded. The bursaries awarded included:

2003-04 Performance Results

	Continuing	New Bursaries	New & Continuing
Allied Disciplines			
Audiology	1	0	1
Cytology	0	3	3
Medical Laboratory Technology	0	8	8
Medical Radiation Technology	0	7	7
MRI Technology	0	4	4
Nuclear Medicine	0	4	4
Occupational Therapy	1	2	3
Orthotics /Prosthetics	2	0	2
Pharmacy	0	4	4
Public Health Inspection	2	5	7
Psychology (Clinical)	2	8	10
Physical Therapy	5	5	10
Respiratory Therapy	12	7	19
Sonography	0	1	1
Specialized Professional (Graduate Nursing)	0	7	7
Speech-Language Pathology	4	8	12
Allied Health Disciplines Sub-total	29	73	102
Internships			
Pharmacy	0	3	3
Psychology	0	4	4
Internships Sub-total		7	7
Nursing			
Practical Nursing	0	38	38
Undergrad RN/RPN	68	127	195
Nurse Practitioner		16	16
Re-Entry Nursing		19	19
Nursing Disciplines Sub-total	68	200	250
EMT	0	38	38
GRAND TOTAL		318	397

(Source: Saskatchewan Health)

Better coordinate Saskatchewan Health Bursary Program with RHA bursaries for students.

- Saskatchewan Health took the lead in coordinating with the RHAs a listing of the bursaries and criteria being offered by the department and the RHAs.

Develop a province-wide bursary database and tracking system.

- A database of Saskatchewan Health Bursary applicants, recipients and graduates was developed, and a tracking system for all health science students who graduated from Saskatchewan post-secondary education institutions was initiated to help track employment in the province.

Expand Continuing Education and Professional Development

Support professional development priorities developed through stakeholder consultation.

- Saskatchewan Health provided $250,000 to RHAs in 2003-04 to be used for professional development.

Support the development of career laddering initiatives.

- See information above.

Oversee the implementation of the Executive Leadership Program for RHAs.

- An Executive Leadership Program at the University of Regina was launched, with 117 participants.

Support the management and implementation of existing/new programs to enhance physician recruitment and retention in the province

- There are a number of recruitment and retention programs that continue to be supported under the new agreement between the Government and Saskatchewan Medical Association. The settlement also includes funding for new initiatives such as payment of foreign certified specialists at fully certified rates. New initiatives and programs are currently under discussion.

2003-04 Performance Results

Raise public awareness of recruitment and retention initiatives, most notably return service bursaries, through province-wide newspaper advertising campaign

- In April 2003, there was a ministerial announcement and press release announcing the 2003-04 Bursary Program. At the same time bursary information, including application forms, was placed on the Saskatchewan Health Web site. Following the announcement, bursary advertisements (print ads) were placed in the Regina Leader-Post, Saskatoon Star Phoenix and in the provincial weeklies.
- Instead of a province-wide newspaper campaign for the second half of the fiscal year, Saskatchewan Health issued press releases in September 2003 and February 2004 to announce and congratulate students receiving bursaries in exchange for their commitment to work in Saskatchewan.

In addition to the Key Actions outlined in the 2003-04 Performance Report, Saskatchewan Health was also responsible for the following:

- In 2003-04, Saskatchewan Health and the Saskatchewan Medical Association reached a three-year agreement to increase fees by 8.3% on October 1, 2003, by 6% on April 1, 2004, and by 6% on April 1, 2005. Saskatchewan Health also agreed to provide $11.2 million for retention and recruitment and make $9 million available for additions to physician payment schedule for new items and fees.

Goal 3 Objective 1

Measurement Results
Use of health professionals

Trend

The percentage of the population aged 12 and over who have consulted with health professionals in the past 12 months has dropped slightly for medical doctors but increased for both dental professionals and alternative health care providers.

Health Professional	2001-02 (%)			2003-04 (%)		
	T	M	F	T	M	F
MD/Pediatrician	82.6	78.0	87.2	81.2	76.9	85.5
Mental Health Professional*	7.6	4.4	10.6	NA	NA	NA
Dental Professional	50.5	47.8	53.1	54.8	52.0	57.6
Alternative Health Provider	13.9	9.9	17.8	16.2	11.7	20.7

Performance Change

- Overall the rates of people consulting with a health professional have stayed fairly constant. There were slight increases in consultations with dental professionals and alternative health providers, and a slight decrease in consultations with physicians.
- Saskatchewan Health, working with Saskatchewan Learning and health stakeholders, continues a variety of retention and recruitment initiatives to ensure the province has an adequate supply of health providers.
- For example, "Labour Market Analysis – Saskatchewan Nursing – 2003 Update" was publicly released on July 31, 2003. Using the information contained in the report, the number of nursing seats in the province was increased.

Source

Canadian Community Health Survey, Cycles 1.1 & 2.1, Statistics Canada

Risks

- The number of health professionals in certain areas (such as rural and remote regions) is limited by factors out of the control of the department.
- The use of health professionals does not provide information on the appropriateness of that use.

Use of health professionals (cont'd)	
Calculation *Numerator:* weighted number of individuals aged 12 and over who reported consulting with a health professional in the last 12 months *Denominator:* total Saskatchewan population aged 12 and over *Calculation:* (numerator/ denominator) * 100	**Third Parties** In addition to Saskatchewan Health, health providers, Saskatchewan Learning, professional colleges, universities, etc. all play a role in increasing numbers and availability of health providers.

* New data is not available for the percentage of the population consulting with mental health professionals as this question was part of an optional content module of the CCHS that not all jurisdictions in Saskatchewan agreed to include.

Regional Health Authority Expectations for Goal 3, Objective 1

Objective	RHA Expectations	2003-04 Actions
Improve Utilization and Availability of Health Human Resources.	• That RHAs promote continuing education that supports RHA objectives. • That RHAs establish effective processes that facilitate employees using their full range of skills.	The RHAs, with the assistance of Saskatchewan Health and other partners, built frameworks and implemented plans to improve the promotion of and access to educational opportunities through collaborative efforts.

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Goal 3 – Retain, Recruit, and Train Health Providers

Objective 2: Develop representative work places

Saskatchewan Health recognizes the value of a health system that meets the needs of a diverse population. Initiatives undertaken this year furthered our efforts to encourage a health workforce that is representative of the people its serves.

Key Actions – Results

Continue to build support for full participation by Aboriginal peoples through Aboriginal awareness training in the workplace:

In conjunction with Governmental Relations and Aboriginal Affairs (GRAA), Saskatchewan Association of Health Organizations (SAHO) and Saskatchewan Learning develop a provincial 3-year training plan.

- Saskatchewan Health provided funding to SAHO for an Aboriginal Employment Development Program.
- A three-year training program was developed.

Support implementation of year 1 of the training plan in the regions. Invest in Aboriginal awareness training in the workplace.

- SAHO estimates 1,500 employees in the health sector (of approximately 30,000) participated in Aboriginal Awareness Training to the end of March 2003.
- During 2003-04, SAHO conducted 85 Aboriginal Training sessions, reaching a total of 3,361 participants.

2003-04 Performance Results

- In 2003-04, approximately 1,861 more RHA employees participated in sessions than in the previous year.
- RHAs will continue training under their Representative Workforce Agreements and awareness training programs.

Increase Aboriginal participation in the health sector workforce by the application of Representative Workforce Agreements in RHAs

- Ten Regional Health Authorities signed partnership agreements including:
  - Five Hills Health Region
  - Keewatin Yatthe Health Region
  - Kelsey Trail Health Region
  - Mamawetan Churchill River Health Region
  - Prince Albert Parkland Health Region
  - Prairie North Health Region
  - Regina Qu'Appelle Health Region
  - Saskatoon Health Region
  - Sun Country Health Region
  - Sunrise Health Region

Explore initiatives for Aboriginal youth in the health sector (e.g. expansion of current northern summer student programs)

- Keewatin Yatthe Regional Health Authority hired 8 summer students for a six week term. The Mamawetan Churchill River Regional Health Authority hired 6 summer students. They were employed between three and seven weeks during the summer of 2003. This program provides students with an opportunity to work beside a number of health professionals and experience the type of work they do. This approach encourages the students to consider taking post-secondary education and pursuing a career in the health field.

Develop and adopt for Saskatchewan Health a representative workforce strategy; continue to develop and implement initiatives under the workplace diversity program

- Developed the Department's Aboriginal Employment Development Action Plan for 2004-05.
- Developed a 3-year Human Resources Plan with several objectives focused on diversity.
- Developed and implemented a 2-year Diversity Action Plan with a focus on increased representation, enhanced Aboriginal awareness, provision of a supportive/welcoming work environment.
- Developed a Disabilities Business Plan.

Build Saskatchewan Health employee awareness of workplace diversity

- All employees have Intranet access to the Department's Diversity Action Plan and to other diversity related sites.
- In 2002, 95% of the Department's staff attended a one-day Aboriginal Awareness Workshop. Options were developed to ensure ongoing workplace diversity awareness.
- Saskatchewan Health's orientation workshop communicates the Department's commitment to diversity, promotes its value and policies in the workplace, and advises of contacts and support networks such as Aboriginal Government Employee's Network (AGEN) and SVMEA. An Aboriginal Fact Sheet was provided at orientation workshops in 2003-04. New employees were advised of diversity related Internet sites.
- The Department's HR Management Reference Guide was provided to all managers and includes diversity information.
- Posters that positively depict workplace diversity have been placed in boardrooms within the Department.
- Lunch hour diversity awareness events were offered to all staff.

Develop recruitment initiatives for Saskatchewan Health to increase Aboriginal representation

- The posting process was strengthened to ensure permanent-part-time and term employment opportunities are communicated to Aboriginal contacts/communities and educational institutes. Job postings for part-time and term positions are forwarded to contacts in First Nations communities, Disability employment coordinator at PSC, Metis employment centre and the diversity coordinator at the Regina Qu'Appelle Health Authority.
- Supported employees in attending Aboriginal Government Employees' Network meetings and conferences
- Supported Aboriginal employees in participating in Speakers' Bureau presentations to students
- Mentored an Aboriginal Management and Professional Intern for 8-month period and provided a variety of human resource project/management experiences.

- Researched literature and established contacts at Métis Employment and Training of Saskatchewan (METSI), U of R and career fairs in order to develop recruitment strategies for Aboriginal candidates.

Goal 3 Objective 2

Measurement Results *Proportion of regional health authorities that have signed representative workforce agreements (medium-term measure)*	
Trend 10 out of 12 Regional Health Authorities have signed partnership agreements.	**Performance Change** • Saskatchewan Health has provided funding to SAHO for an Aboriginal Employment Development Program. • In March 2004, SAHO released a Representative Workforce Reference Guide. The guide is a first-of-its kind in Canada. The reference guide provides a framework for health organizations for model policies to help employers create their own representative workforce.
Source Saskatchewan Health	**Risks** That RHAs may choose not to sign representative workforce agreements.
Calculation	**Third Parties** Measurement dependent on RHAs signing representative workforce agreements.

NOTE: For 2004-05 this measure has been combined with the measure "*Proportion of regional health authority staff participating in Aboriginal Awareness training*", for a new measure entitled, "*Proportion of regional health authorities that have developed an Aboriginal Training Awareness Program*"

2003-04 Performance Results

Measurement Results
Self-declared Aboriginal employees as a percentage of all RHA employees

Trend

RHA	Percentage
Sun Country	N/A
Five Hills	N/A
Cypress	0.0
Regina Qu'Appelle	3.0
Sunrise	1.1
Saskatoon	2.7
Heartland	0.1
Kelsey Trail	1.8
Prince Albert-Parkland	14.5
Prairie North	N/A
Mamawetan Churchill River	30.0
Keewatin Yatthe	70-90
Sk Cancer Agency	N/A

Performance Change

These figures are baseline figures developed in 2003-04. Future Annual Reports will show performance change against this baseline.

Source

Regional Health Authorities submit numbers annually to Saskatchewan Health

Risks

- Response rates to equity surveys are often low in places where data of this type is not collected routinely.
- Benchmarks based on representative workforces still have to be developed to facilitate the interpretation of these types of indicators.

Calculation
Numerator: Total number of self-declared Aboriginal employees by RHA
Denominator: Total number of employees by RHA
Calculation: numerator/ denominator) * 100

Third Parties

Measurement dependent on RHAs collecting this type of data.

2003-04 Performance Results

Measurement Results
Proportion of RHA staff participating in Aboriginal Awareness Training

Trend

Number of RHA employees participating in Aboriginal Awareness Training	
Year	
2002-03	1,500 (estimate)
2003-04	3,361

Performance Change

- SAHO estimates 1,500 employees in the health sector (of approximately 30,000) participated in Aboriginal Awareness Training to the end of March 2003.
- During 2003-04, SAHO conducted 85 Aboriginal Training sessions, reaching a total of 3,361 participants.
- In 2003-04, approximately 1,861 more RHA employees participated in sessions than in the previous year.
- RHAs will continue training under their Representative Workforce Agreements and awareness training programs.

Source

SAHO

Risks

RHAs may choose not to implement Aboriginal Awareness training sessions.

Calculation

Third Parties

- This measure dependent on RHAs implementing Aboriginal Awareness training sessions.

NOTE: For 2004-05 this measure has been combined with the measure "*Proportion of regional health authority staff participating in Aboriginal Awareness training*", for a new measure entitled, "*Proportion of regional health authorities that have developed an Aboriginal Training Awareness Program*"

Regional Health Authority Expectations for Goal 3, Objective 2

Objective	RHA Expectations	2003-04 Actions
Develop Representative Work Places.	• That RHAs implement a 3-year training plan to raise awareness of Aboriginal issues in the work place. • That RHAs have a resource dedicated to advancing the Representative Workforce Strategy. • That RHAs begin, and in most cases, continue the implementation of the representative workforce strategy.	The RHAs continue to work towards representative work places through the signing of partnership agreements with the government, by participating in SAHO developed awareness training initiatives, and encouraging Aboriginal youth to experience and learn about the health care system through summer employment.

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Goal 3 – Retain, Recruit, and Train Health Providers

Objective 3: Create healthier, more effective work places

Creating more satisfying work environments for Saskatchewan's health care professionals will enhance productivity and assist in retaining a dynamic health sector workforce in Saskatchewan. During this fiscal year a number of initiatives furthered our efforts to create healthier work places.

Key Actions – Results

Continue to support current quality workplace process as a transition to new framework/approach:

Evaluate existing quality workplace initiative.

- The Saskatchewan Health Quality Council has conducted evaluations of the first three sites (Quality Workplace Projects in Moose Jaw, Unity and Saskatoon) and released its report June 2003. The evaluation found improvement in people's perceptions about the quality of their workplace. Overall, morale improved where the Quality Workplace Program had been implemented.

Expand sites based on current Quality Work Place (QWP) model.

- New sites have been added and include Swift Current, Weyburn, La Ronge and Prince Albert.

Implement a new quality workplace framework

Develop appropriate resource structure in the regions and department to support framework.

- Invested $160,000 in the Saskatchewan Registered Nurses Association to continue implementation of their quality workplace pilot sites.

Develop tools and supports to further quality workplace initiatives (e.g. survey tools, training supports, evaluation tools.)

- Planned and coordinated a province-wide satellite conference that attracted more than 600 managers, policy makers and front-line workers. The focus of the conference was best practices and evaluation of high quality health workplaces. Videotapes of the conference and tools to assess the quality of their own health workplaces will be distributed to all RHA's.

Develop and implement for Saskatchewan Health a learning strategy and promote learning plans for Saskatchewan Health employees

- Drafted the Department's learning strategy that includes a process to identify learning needs and options, and to evaluate existing policies and processes. The learning strategy links learning plans to strategic planning, to branch and individual workplans, and to performance feedback processes and provides increased promotion of learning opportunities.
- The Department's 1997 Learning Policy recommends the development of learning plans for all employees. Learning plans are used routinely within some branches. One branch implemented a comprehensive branch learning strategy.

Ensure a positive and supportive work environment at Saskatchewan Health

Develop and begin to implement an employee recognition program.

- Focus groups representing 9% of Saskatchewan Health staff were held in 2003 to determine employee views on recognition.
- Results showed strong support for informal day-to-day recognition and for existing department events that recognize all employees equally (Deputy Minister's annual accomplishments celebration, department's 10 year award, and government's long-service awards).
- Executive Management approved development of a recognition program that focuses on increased awareness, the use of informal recognition options, and a continuation of existing formal programs.
- A recognition tool-kit is under development for access/reference by all staff.

Continue to evaluate and enhance the employee orientation program.

- Expanded the number of policies covered in Orientation workshops – added Violence in the Workplace, Anti- harassment -- and more time discussing the IT Acceptable Use and Security Policy.

2003-04 Performance Results

- Developed and distributed Employee Benefits handbook to new employees; handbook is also posted on the Intranet.
- New staff are now automatically registered for an upcoming workshop.
- Increased the frequency of orientation workshops.
- Increased accountability requires the Orientation Checklist be signed by employee and manager and returned to HR for retention.

Goal 3 Objective 3

Measurement Results
The average number of days absent from the workplace, for which illness or injury is reported as the reason for absence, within a given time period

Trend

Regional Health Authorities 2003-04 Sick Time

Provincial Average	SickHours Per Paid FTE	WCB Hours Per Paid FTE	Total Sick and WCB Hours per Paid FTE
Total	86.27	18.49	104.76

Performance Change

These figures are baseline figures developed in 2003-04. Future Annual Reports will show performance change against this baseline.

Source

Saskatchewan Health & SAHO

Risks

- There are currently no national measurement standards for tracking this type of information.
- There is national comparative data from the Labour Force survey, but this is a self-reported work absences.

Calculation
Numerator: The total number of sick hours/ WCB hours reported for employees that are absent from the workplace due to illness or injury
Aboriginal employees by RHA
Denominator: The total number of FTEs employed in a reporting period
Calculation: numerator/ denominator) * 100

Third Parties

Regional Health Authorities, employee groups and others can influence the outcomes for this measure.

Measurement Results
Turnover Rate

Trend

Performance measure is currently in development as part of a comprehensive package of RHA indicators.

Performance Change

- Saskatchewan Health continues to work with SAHO to begin to track turnover rates. This information still has to be calculated manually.
- SAHO is currently making changes to its payroll system to capture this data electronically.

Source

SAHO

Risks

- Still in development

Calculation

Third Parties

2003-04 Performance Results

Regional Health Authority Expectations for Goal 3, Objective 3		
Objective	**RHA Expectations**	**2003-04 Actions**
Create Healthier More Effective Work Places.	• That RHAs support the development of a quality work place framework. • That RHAs take steps to foster a workplace culture that supports a quality of work life and organizational health. • That RHAs use the SAHO payroll; system in their attendance management system, including tracking and monitoring overtime, sick leave and other leave entitlements.	During the course of 2003-04, the RHAs continued to review and develop and put into effect policies that help to ensure health sector workplaces are both healthy and effective. For example, most RHAs began to develop new attendance support programs using strategies developed by Saskatchewan Association of Health Organizations and Saskatchewan Health. Saskatoon is an exception because they developed their own programs.

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Goal 4 – A Sustainable, Efficient, Accountable Quality Health System

Objective 1: Ensure quality, effective health care

Saskatchewan Health continues to promote quality and innovation in the provision of health care. We have introduced a range of initiatives to ensure evidence-based decisions lead to the continual improvement in the delivery of quality health services. We work with external groups like the Health Quality Council to ensure that issues of health care are addressed in a timely matter. We also continued progress with health information systems like the Saskatchewan Health Information System, the Provincial Provider Registry and others to provide access to pertinent health information for health care providers.

Key Actions – Results

Establish an effective and efficient working relationship between the Health Quality Council and the Department, ensuring that the Council's work is integrated with the activities/priorities of the Department and system at large

- Saskatchewan Health continued to build and maintain an effective working relationship with the Health Quality Council in 2003-04. We conducted a joint review of department directed priorities for projects, we conducted briefings/ information sessions from HQC on each project release, and we partnered to sponsor quality initiatives like the Institute for Health Care Improvement Satellite broadcast, and the Quality Improvement Network

Develop policies in response to recommendations released by the Quality Council

- We continued to develop policies, on a project-by-project basis, with appropriate branches throughout Saskatchewan Health.
- Worked with branches, and RHAs, to consider HCQ findings.

Continue progress on specific initiatives to improve health information systems to give health care providers and administrators the information they need to better coordinate and improve patient care:

Saskatchewan Health Information Network (SHIN) continues to implement a centrally hosted set of clinical applications for mid-sized health regions including client registration, laboratory, pharmacy and home care systems.

- The five mid-sized health regions began to implement centrally-hosted applications in the Integrated Clinical System (ICS). Implementation of these new systems at March 31/04 was as follows:
  - Home Care System – in all five mid-sized regions, plus three smaller regions
  - Lab – in the five regional hospitals
  - CPI/Registration – Five Hills, Cypress, and Sunrise regions
  - Pharmacy – in all five mid-sized health regions

Implement a provincial Provider Registry (jointly developed by western provinces.)

- In 2003-04, the first health provider data was loaded into the Provider Registry system. Saskatchewan is also leading a project with the western provinces and the larger health regions to determine how health region systems can best access the data in the Provider Registry from their local information systems.

Continue to facilitate timely access by health care professionals to laboratory results, client drug profiles and other clinical information.

- Support continued for pilot projects to assess technologies and identify the standards required to provide system-wide access by authorized physicians to past lab tests, drugs prescriptions and other vital clinical information.

Implement a new province-wide system to manage communicable and sexually transmitted infections and detect outbreaks.

- Provincial implementation of the Public Health Information System (iPHIS) system in most regions was well underway. The new system will assist public health staff in early identification and management of communicable disease outbreaks.

2003-04 Performance Results

Implement a Provincial Chart of Accounts for financial information based on Canadian Institute of Health Information's (CIHI), Management Information System (MIS) Guidelines in RHAs.

- Effective April 1, 2003, all RHAs converted to a Provincial Chart of Accounts based on Canadian Institute of Health Information's (CIHI), Management Information System (MIS) Guidelines.
- Rollout of CommunityNet in targeted health facilities has been completed, and additional uses for the new network (such as Telehealth) are being implemented.
- System development phase has been completed for a new Automated Client Information System for RHA alcohol and drug, and problem gambling services. Work continues with regions on the implementation of the new system.

Continue implementation of MDS-RUGS 2.0 (Minimum Data Set-Resource Utilization Groupings), a client assessment tool, in long-term care facilities.

Pilot MDS-Home Care, a client assessment tool, in RHAs.

- The Department began pre-implementation of the MDS-Home Care assessment tool. The Department provided $150,000 to Saskatoon, and $100,000 to Prince Albert for start-up costs, project management and training for 2003-2004. Discussions are underway with two other regions to begin implementation of MDS in 2004-2005.
- MDS/RUGS is almost fully implemented in long-term care facilities in the province. To date, eighty-five percent of the facilities are submitting the required reports to Saskatchewan Health.

Work with Information Technology Office to fully implement Community Net in targeted health facilities.

- Project has been completed, and additional uses for the new network (such as Telehealth) are being implemented.

Implement a new Automated Client Information System (ACIS) for RHA alcohol and drug and problem gambling services.

- System development phase has been completed. Work continues with regions on the implementation of the new system.

Develop systems to collect more complete prescription drug information, and to support health care providers during the prescribing and dispensing of drugs. Implement enhanced data collection in 2003-04 and continue development of support for health care providers in 2004-05.

- Work is nearing completion on the necessary system changes to enhance prescription data collection. Expected implementation date is the fall of 2004.
- Planning initiated to consider development of tools to assist healthcare providers in the prescribing and dispensing of drugs.
- Design of the changes to the Drug Plan claims system and the electronic messages from pharmacies was completed. Pharmacy software system suppliers will now make the modifications to pharmacy systems to provide the enhanced information.
- Planning for a new system to provide health care providers with access to the enhanced drug information, along with technologies to detect potential drug interactions and enable further improvements in prescribing practices is underway.

Streamline the income-tested application process for the Provincial Drug Plan

- Streamlining of the process was completed in 2003-04. Residents who provide consent for the Drug Plan to receive income information directly from Canada Customs and Revenue Agency (CCRA) will no longer need to apply each year.

Continue to work with other jurisdictions to process

- Saskatchewan Health is participating with other jurisdictions to address issues related to the transition to a national common drug review.

Implement a Water Quality Database

- Preliminary development has been completed, with the final rollout expected in the Fall 2004.

Provide ongoing support to health research in Saskatchewan, through the newly established Saskatchewan Health Research Foundation:

Transfer Saskatchewan Health research funding, along with initial funding criteria, to the SK Health Research Foundation.

- The Saskatchewan Health Research Foundation completed its first full year of operation in 2003-04. The Foundation plans for and administers most provincial health research funding. The Foundation is

currently using the initial funding criteria to guide its work with its funded agencies and competitive grant funding programs, but will adopt the directions and priorities outlined in a new provincial health research strategy currently planned for release in 2004.

Develop a provincial health research strategy with assistance from the Saskatchewan Health Research Foundation.

- The Saskatchewan Health Research Foundation provided advice regarding a provincial health research strategy to the Minister of Health in January 2004. The Department of Health will use that advice to develop the strategy. The targeted release is 2004.

Begin to develop a policy framework for genetic testing

- Saskatchewan continues to work with other jurisdictions to develop policies concerning genetic testing.

Work with RHAs and providers to develop the medical staff organization to ensure the maintenance of quality health services

- New model regional practitioner staff bylaws are currently being developed.

Work with the Saskatchewan Academic Health Sciences Network (SAHSN) on the future role and direction of health colleges

- SAHSN is working with the Government to further develop the framework for addressing accreditation-related issues at the College of Medicine, specifically in the areas of clinical faculty staff and library resources. SAHSN will submit Annual Implementation Reports regarding accreditation funding and ongoing activities.

Goal 4 Objective 1

Measurement Results

Number of competitive research grants awarded by the Canadian Institutes of Health research (CIHR) to faculty at the University of Saskatchewan based on the number pursued as a percentage of the total number of applications (Short-term measure)

Trend

Data for 2003 indicates that 6% of applicants were successful in obtaining competitive research grants from CIHR, a decrease from previous years.

Year	Number Submitted	Number Successful
2000	49	7(15%)
2001	70	13(19%)
2002	66	13(20%)
2003	35	2(6%)

Performance Change

- In 2003 there was a decrease in the number of applications made to CIHR.
- The Saskatchewan Health Research Foundation has completed its first full year of operation. The Foundation is currently using initial funding criteria as a guide for its work with its funded agencies and competitive grant funding programs.

Source

Saskatchewan Health

Risks

- Dependent on quality and interest of applicants
- Currently does not include data from the University of Regina.

Calculation

Numerator: The total number of successful applications receiving CIHR grants
Denominator: The total number of applications submitted for CIHR funding
Calculation: (numerator/ denominator) * 100

Third Parties

- Individual researchers, the Saskatchewan Health Research Foundation, universities all play a role in this measure.

2003-04 Performance Results

Measurement Results
Number of clients who reported a concern to a Quality of Care Coordinator (QCC)

Trend

Year	Number of Clients Who Reported a Concern
1998-1999	2026
1999-2000	1859
2000-2001	1810
2001-2002	1939
2002-2003	1684

Performance Change

- The number of clients reporting concerns in 2002-03 declined by approximately 13% from 2001-02.
- Saskatchewan Health works closely with RHAs to develop new methods and ensure consistency in recording, reporting, and investigating client concerns.

Source

Acute & Emergency Services Branch, Saskatchewan Health

Risks

This may not reflect the total number of concerns in the system, as clients and their family may not be aware that a formal process exists to report their concerns.

Calculation

Third Parties

Saskatchewan Health requires partnerships with RHAs to ensure that reports of client concerns are accurately recorded and relayed to the department.

Measurement Results
Percentage of concerns received by Quality of Care Coordinators (QCC) that are resolved within 30 days

Trend

Year	% off Client Contacts with Concerns Concluded Within 30 Days
1998-1999	84
1999-2000	83
2000-2001	82
2001-2002	85
2002-2003	82

Performance Change

During the past five years, QCCs have been able to consistently resolve or conclude more than 80% of concerns reported by clients within 30 days of their initial report.

Source

Acute & Emergency Services Branch, Saskatchewan Health

Risks

This may not reflect the total number of concerns in the system, as clients and their family may not be aware that a formal process exists to report their concerns.

Calculation

Third Parties

Saskatchewan Health requires partnerships with RHAs to ensure that reports of client concerns are accurately recorded and relayed to the department.

Regional Health Authority Expectations for Goal 4, Objective 1

Objective	RHA Expectations	2003-04 Actions
Ensure Quality, Effective Health Care.	• That RHAs continue to participate in the Canadian Council on Health Services Accreditation (CCHSAS) process. • That RHAs develop and implement a risk management program that includes risk identification and assessment, risk management and reporting / evaluations. • That RHAs begin to provide the department with Minimum Data Set (MDS) information for long-term care.	The Canadian Council on Health Services Accreditation (CCHSA) is the major national accrediting body for organizations across all health sectors in Canada. The Department continues to support accreditation as one component of the quality monitoring and improvement activities undertaken by Regional Health Authorities (RHAs) and the Saskatchewan Cancer Agency. While the accreditation process is voluntary, Saskatchewan Health strongly encourages all Regional Health Authorities to pursue and attain the standards set out by the CCHSA. 85% of long-term care facilities are submitting the required Minimum Data Set reports. Saskatchewan Health is continuing to work with regional health authorities to develop a consistent approach to risk management throughout the province.

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Health Quality Council Expectations for Goal 4 Objective 1

Objective	RHA Expectations	2003-04 Actions
Ensure Quality, Effective Health Care.	• Finalize new organizational structure, ensuring capacity to meet the expectations detailed in both legislation and the Terms of Reference. • Develop 2003-04 workplan.	Early in 2003-04, the Health Quality Council (HQC) finalized their board members and organizational structure ensuring their capacity to fulfill their mandate. In October 2003, the HQC hired a new CEO, respected and accomplished researcher, Dr. Ben Chan.

Health Quality Council Expectations for Goal 4 Objective 1 (cont'd)

Objective	RHA Expectations	2003-04 Actions
	• Develop public identity and credibility. • As accommodated by the Council's first year workplan, provide recommendations and advice to government, RHAs, providers, stakeholders and others. • Prepare and release public reports on activities, research and recommendations developed.	The HQC developed a workplan which was focused on the evaluation and support of primary health care, nurturing a culture of quality improvement reviewing process and means to improve access to care, and supporting evidenced based care management. As well, the HQC began working with the Department to develop protocols for use of provincial databases for health research while ensuring privacy and confidentiality of health information. The HQC developed several initiatives to increase their public identity, e.g., through the release of their discussion paper and other stakeholder invitations for stakeholder comments/feedback, publication and sharing of their quarterly newsletter, continuation of Health Clips (an email based daily up date of health news begun under the Health Services and Utilization Research Commission, HSURC). The public identity of the HQC will be developed over time through continued public identity initiatives as well as a proven track record on their research and evaluation activities. The HQC was involved in initiatives aimed at providing advice / recommendations to its stakeholders. For example, partnering with the RHAs and the SCA, the HQC developed the Quality Improvement Network (QIN).

2003-04 Performance Results

Health Quality Council Expectations for Goal 4 Objective 1 (cont'd)		
Objective	**RHA Expectations**	**2003-04 Actions**
		This network is intended to build quality improvement capacity and encourage participation in provincial quality improvement exchanges. The HQC was also instrumental in bringing the Institute for Health Improvements health satellite conference for the province in 2003-04. The reports released by the HQC in 2003-04 were residual studies started by their predecessor, HSURC and completed by the HQC. These studies were: 'Mental Health in Saskatchewan's Primary Care Setting' (released January 22,,2004), 'Saskatchewan Seniors Experiencing Hip Fractures: Characteristics and Health Outcomes' (released November 25, 2003), 'Summary Report: The Quality Workplace Program Evaluation' (released June 19, 2003), and 'Bone Mineral Density Testing in Saskatchewan' (released April, 2003). The HQC used the RHA Community Advisory Networks and Health Boards as their primary link to the public, and met with each network / board at least once in 2003-04.

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Goal 4 – A Sustainable, Efficient, Accountable Quality Health System

Objective 2: Appropriate governance, accountability and management for the health sector

Strong leadership and effective planning remain key features of a continually improving process for planning health care delivery.

Key Actions – Results

Continue development and implementation of accountability framework for RHAs including the development of comprehensive service/ performance agreements

Conduct education sessions for RHA Board/CEOs on quality agenda and performance management.

- In 2003-04, Saskatchewan Health worked with RHAs, Saskatchewan Association of Health Organizations and the University of Saskatchewan to develop RHA orientation, education training opportunities.
- RHA education sessions, discussing board roles and responsibilities for Board members and CEOs were held in October 2003.

Develop a new committee structure to support interdependent planning relationships (e.g. acute care, quality, human resource planning).

- New committees are in place to deal with issues in the following areas: Acute/EMS; Community Care; Long term Care; Communications; Health Human Resources; Financial Management, Medical staff and Quality and Indicator development. A number of issue specific working groups have also been established.

Implement the new accountability document with a modified set of performance indicators (and review at year end).

- An Accountability Document outlining Saskatchewan Health's expectation of RHAs was issued for 2003/04. The Accountability Document is being monitored through quarterly reports from RHAs to the Department.
- Saskatchewan Health is leading a comprehensive review and development of performance indicators for RHAs.

Create and introduce a Board/CEO performance evaluation tool.

- The Department provided evaluation tools to RHAs to assist with their Board and CEO evaluations. Boards have conducted these evaluations and provided summary results to the Department.

Implement Department framework for monitoring RHA compliance with performance expectations

The Department is currently developing the framework to monitor compliance with performance expectations.

Develop internal performance indicators for Laboratory Services

Turnaround times for reporting results to key clients.
Specimen acceptability.
Compliance in providing accurate information on requisitions.

- Performance indicators have been completed and have begun to be monitored. Formal policy development to follow.

Revise and improve the information management framework for Saskatchewan Health and the health sector including:

Evaluation and improvement, as necessary, of existing security and information management practices.

Evaluation and continued development of a comprehensive privacy framework within the Department and the health sector.

Work with RHAs, the Saskatchewan Health Information Network (SHIN) and other stakeholders to develop and implement a Provincial Information Technology Plan and architecture for the health sector.

- *The Health Information Protection Act* (HIPA) was proclaimed on September 1, 2003. A Chief Information Officer's Privacy Working Group,

representing Saskatchewan Health, regional health authorities and the Cancer Agency, was established to build a privacy framework for much of the health sector. This includes building a consistent policy framework for collection, use, disclosure, and protection of personal health information. The group began meeting in August 2003 and continued throughout the year.

Saskatchewan Health continues to work with other partners throughout the health sector to raise awareness of HIPA and to assist with implementation.

- Saskatchewan Health worked with RHAs on provincial standards and architecture developments through the Chief Information Officer (CIO) Forum.

Goal 4 Objective 2

Measurement Results *RHA Operational Plans meeting standards*	
Trend In October 2003, RHAs submitted to Saskatchewan Health draft operational plans based on preliminary planning ranges provided by the department. These plans inform the Department's own budget process.	**Performance Change** • The RHA planning process is still a relatively new one, but the regions did provide the information requested of them. • RHAs also submitted separate plans related to human resources, information management, and primary health care.
Source Saskatchewan Health	**Risks** That RHAs will not meet timelines for submitting operational plans.
Calculation	**Third Parties** This process relies on the cooperation of RHAs.

Regional Health Authority Expectations for Goal 4 Objective 2

Objective	RHA Expectations	2003-04 Actions
Appropriate Governance, Accountability and Management of the Health Sector.	• That RHAs develop plans for implementation of Community Advisory Networks. • That RHAs submit an annual multi-year operating plan. • That RHAs establish the performance objectives of its management team, monitor and assess the results achieved, and undertake remedial action as needed.	In 2003-04, the RHAs created several plans to ensure the appropriate governance, accountability and management for their regions. RHAs submitted operational plans, plans for human resource management, information technology plans, plans to develop Community Advisory Networks, and other plans. In addition, each RHA tabled its annual report including payee disclosure lists.

Regional Health Authority Expectations for Goal 4 Objective 2 (cont'd)		
Objective	**RHA Expectations**	**2003-04 Actions**
	• That RHAs begin revision of agreements with health organizations pursuant to The Regional Health Services Act. • That RHAs develop and implement for the region multi-year plans for human resources, information management and financial planning. • That RHAs complete and begin to implement regional information technology plans consistent with the Provincial Plan. • That RHAs work with the department on provincial standards development and local implementation consistent with provincial information technology architecture. • That RHAs table their first annual reports.	

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Goal 4 – A Sustainable, Efficient, Accountable Quality Health System

Objective 3: Sustain Publicly Funded and Publicly Administered Health Care

Saskatchewan Health continues to provide leadership in promoting health quality and innovation in the provision of health care. We continue to introduce a range of initiatives to ensure evidence-based decisions lead to continuous improvement in the delivery of quality health services.

Key Actions – Results

Continue to work with partners in the health sector to implement cost-effective approaches to health care

- This is reflected throughout the report.

Work with RHAs to maintain financial sustainability

- RHAs remain committed to achieving balanced budgets.
- Saskatchewan Health continues to work with RHAs regarding options available to achieve this goal.

2003-04 Performance Results

Continue to work with RHAs on developing a funding allocation methodology

- Leadership Council, comprised of all RHA CEOs, has fully endorsed the process around the development of a funding methodology.

Implement the 2003 First Ministers' Accord on Health Care Renewal.

Make financial investments in the reform areas of primary health care, home care (i.e. acute community mental health care, short-term acute care, end-of-life care), catastrophic drug coverage, and diagnostic and medical equipment.

- Saskatchewan Health continues to work with other jurisdictions with respect to the primary health care commitments found in the February 2003 Accord.
- Money from the First Ministers' Health Accord was used to fund coverage for certain diabetic supplies and nutritional products under the Drug Plan. Diabetic supplies, including needles, syringes, lancets and swabs, were added to the Saskatchewan Drug Plan on July 1st, 2003. Effective Sept. 1, 2003, assistance was provided with the incremental cost associated with using specialized nutritional products in place of a regular diet. The costs are shared between patients and Saskatchewan Health, using a co-payment based on family income and drug costs.
- The Diagnostic and Medical Equipment Fund (DMEF) provided $16 million to Saskatchewan for the purchase of eligible equipment. Regional Health Authorities and the Saskatchewan Cancer Agency (SCA) submitted lists of proposed capital expenditures following the DMEF criteria, and Saskatchewan Health disbursed the funds to the RHAs and SCA, and maintains detailed lists of their acquisitions in order to meet accountability requirements of the Accord.
- Saskatchewan Health continues to work at the national level with representatives from Health Canada, the provinces, national Aboriginal organizations, and the Diabetes Council of Canada on the development of a framework for a National Diabetes Strategy.
- The First Ministers' Accord also requires provinces and territories to ensure that all Canadians have reasonable access to catastrophic drug coverage by the end of 2005-06. The Accord does not define what constitutes 'reasonable access' and does not establish a process for determining whether provinces are providing reasonable access. Saskatchewan takes the position that the province's Drug Plan provides reasonable access to catastrophic drugs. Health Reform Funding in 2003-04 was therefore used to expand the scope of coverage to include diabetic supplies and nutritional products.

Work with other jurisdictions to develop appropriate performance indicators to measure progress and report to the public on achieving the reforms set out in the First Ministers' Accord.

- Saskatchewan participated in the development of a common set of short- and long-term health system indicators, in accordance with the requirements of the 2003 Accord. A report is scheduled for release in the fall of 2004.

Work with other jurisdictions to establish a National Health Council to monitor and report annually on the implementation of the First Ministers' Accord.

- Saskatchewan supported the creation of the National Health Council, and looks forward to its role in increasing the level of transparency and accountability in the health care system.

Work with other jurisdictions to develop a minimum basket of home care services.

- Discussions are still happening at the national level to decide how the home care initiative will develop. The Accord sets out a time frame of 2005-06 for implementation.

2003-04 Performance Results

Goal 4 Objective 3

Measurement Results
Public sector health expenditure as a proportion of total health expenditure (long-term measure)

Trend

Public sector health expenditure as % of total health expenditure		
	2002	**2003**
Manitoba	74.3	74.9
Saskatchewan	**75.4**	**75.3**
Alberta	71.8	71.5
BC	74.1	73.5
Canada	**69.9**	**69.9**

Performance Change

- The share of total health expenditure covered by the public sector has not changed significantly between 2002 and 2003.
- Public sector spending continues to be greater in Saskatchewan, and all Western provinces, the the national average.

Source

Canadian Institute for Health Information, National Health Expenditure Trends

Risks

- No clear benchmark about what level of public sector health expenditure is desirable.

Calculation

Numerator: Public sector expenditures by jurisdiction
Denominator: Total health expenditures by jurisdiction
Calculation: (numerator/ denominator) * 100

Third Parties

Regional Health Authority Expectations for Goal 4, Objective 3

Objective	RHA Expectations	2003-04 Actions
Sustain Publicly Funded and Publicly Administered Medicare.	• That RHAs develop and implement a multi-year financial plan for their region.	All RHAs developed financial plans through the operational planning process.

Each Regional Health Authority tables its own annual report. For more detailed information regarding the work of the Regional Health Authority, please see each individual annual report.

Health Spending in Saskatchewan

This annual report presents the financial results of Saskatchewan Health for the 12 months ending March 31, 2004. The financial statements report on the funding provided to the Department through the government's General Revenue Fund.

This report also contains a summary of the Financial Statements of the province's 12 Regional Health Authorities. The Financial Statements of Regional Health Authorities are consolidated in the Summary Financial Statements of Government. Each health region is responsible for providing its own annual report that documents how it used the funding received.

There are another group of agencies for which Saskatchewan Health is legislatively responsible but who also provide their own detailed annual reports to the public. These groups include:

- Health Quality Council
- Saskatchewan Health Research Foundation
- Saskatchewan Cancer Foundation
- St. Louis Alcoholism Rehabilitation Centre; and
- The Saskatchewan Health Information Network (SHIN)
- Uranium City Hospital

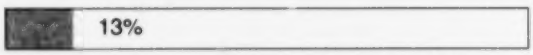
The provincial health budget for 2003-04 was $2.527 billion. Actual spending for the year was $2.516 billion, $11 million under the 2003-04 budget or $173 million over 2002-03 actual spending.

Over the last five years, Health expenditures have increased an average of 7.2%. Approximately 90% of expenditures are provided to third parties (e.g. regional health authorities and physicians) to provide health care services for the residents of Saskatchewan. The majority of the remaining expenditures are transfers to individuals for Saskatchewan Prescription Drug Plan and extended benefit program coverage and various other provincial services.

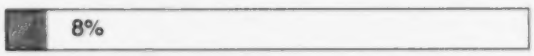
Health care costs are growing faster than the rate of inflation for a variety of reasons, including the cost of health care provider compensation, technological advances in medicine, the increased use of high-cost surgical and diagnostic procedures, the spiraling cost of pharmaceuticals, and growing rates of chronic disease like diabetes, cardiovascular disease, and cancer.

How are Saskatchewan Health Dollars Spent?

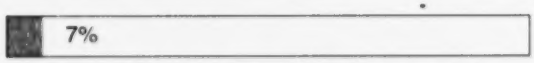
72% of health care dollars were spent on the front lines of care to cover salaries, fees, pensions and benefits for nurses, physicians, health science employees, health support workers andn medical residents.



13% of dollars were provided for Regional Health Authority and Saskatchewan Cancer Agency non-salary costs. Some examples include: equipment and facilities, medical and non-medical supplies, drugs and utilities.



8% went to the Saskatchewan Prescription Drug Plan and extended benefits program like supplementary health, SAIL (Saskatchewan Aids to Independent Living) and family health.



7% went to Provincial programs and operating costs including: Canadian Blood Services, the Provincial Lab, out-of-province services, Health Quality Council and health research.

Looking ahead, Saskatchewan Health knows that health costs in our province continue to increase. Our Action Plan for Saskatchewan Health Care directly addresses rising costs by creating a coordinated effort throughout our services. From primary health care teams working together to educate, prevent, and treat illness, to the accessibility of innovations like HealthLine, to new equipment and facilities to improve diagnostic and acute care, we are not looking for a short term solution, but are working from a plan that will see Saskatchewan continue to provide quality, accessible health care far into our future.

2003-04 Financial Results

2003-04 Financial Results

In order to ensure that we remain fully accountable to the government and to the people of this province, we need to manage the following risks and challenges, making sure:

- available funding goes to the highest priority health needs
- we get value for the money we provide
- we comply with existing legislation and regulations
- the proper controls are in place to ensure the safety of the assets of the Department, and
- we report appropriate results to the public, the legislature, and our partners in the health system.

There are a number of ways we do this. These include:

- *Audited results* – The Provincial Auditor's Office has legislative responsibility to audit Saskatchewan Health and to publish the results.
- *Accountable to Legislature* - Saskatchewan Health, like all government departments, is required to appear before the Public Accounts Committee of the Legislature. Also, the annual health budget is published in the Budget Estimates, spending is detailed in the Public Accounts, and the Minister of Health appears before the Legislature's Committee of Finance.
- *Public reporting* – This Annual Report is one of many reports published each year by the Department. Each report provides an important link in the provincial accountability framework.
- *Comparative reporting* – All provinces made a commitment in September 2000 to prepare public reports on the performance of their health systems.
- *Third-party agencies accountable* – The vast majority of health services that Saskatchewan people depend on are delivered through third parties like the Regional Health Authorities. As such, appropriate controls must be in place to ensure accountability for government funding directed to these agencies. Saskatchewan Health uses service agreements, audited financial statements and required reporting of results from these agencies to meet this goal.

Saskatchewan Health believes that these measures ensure the appropriate and effective use of health dollars and provide accountability to the people of Saskatchewan.

Saskatchewan Health Comparison of Actual Expenditure to Estimates

	2003-04 Estimates $000s	2003-04 Actuals $000s	Variance $000s **	
Operating Expenditures:				
Administration	6,381	6,295	(86)	
Accommodation & Central Services	4,823	4,820	(3)	
Regional Health Services				
Sun Country Regional Health Authority	75,559	76,817	1,258	
Five Hills Regional Health Authority	75,061	75,518	457	
Cypress Regional Health Authority	62,424	63,437	1,013	
Regina Qu'Appelle Regional Health Authority	448,609	449,342	733	
Sunrise Regional Health Authority	104,611	105,153	542	
Saskatoon Regional Health Authority	489,782	490,625	843	
Heartland Regional Health Authority	50,660	50,945	285	
Kelsey Trail Regional Health Authority	58,571	58,836	265	
Prince Albert Parkland Regional Health Authority	94,877	95,163	286	
Prairie North Regional Health Authority	96,566	97,651	1,085	
Mamawetan Churchill River Regional Health Authority	12,323	12,382	59	
Keewatin Yatthe Regional Health Authority	14,652	14,718	66	
Athabasca Health Authority Inc.	2,980	2,990	10	
Saskatchewan Cancer Agency	48,076	48,117	41	
Facilities - Capital	27,085	27,097	12	
Equipment - Capital	19,000	18,800	(200)	
Regional Targeted Programs and Services	27,579	16,959	(10,620)	(1)
Regional Programs Support	15,022	15,866	844	(2)
SUBTOTAL	**1,723,437**	**1,720,416**	**(3,021)**	
Provincial Health Services				
Canadian Blood Services	33,679	32,519	(1,160)	
Provincial Targeted Programs and Services	26,838	25,018	(1,820)	(3)
Provincial Laboratory	10,847	12,124	1,277	(4)
Health Research	5,933	5,933	-	
Health Quality Council	5,000	5,000	-	
Immunizations	5,386	5,386	-	
Saskatchewan Health Information Network	12,100	12,100	-	
Provincial Programs Support	12,214	12,920	706	(5)
SUBTOTAL	**111,997**	**111,000**	**(997)**	
Medical Services & Medical Education Programs				
Medical Services - Fee-for-Service	308,570	309,147	577	
Medical Services - Non-Fee-for-Service	65,395	59,352	(6,043)	(6)
Medical Education System	23,434	23,645	211	
Chiropractic Services	8,267	7,741	(526)	(7)
Optometric Services	3,529	3,492	(37)	
Dental Services	1,513	1,358	(155)	
Out-of-Province	58,570	60,860	2,290	
Program Support	4,001	3,816	(185)	
SUBTOTAL	**473,279**	**469,411**	**(3,868)**	
Drug Plan & Extended Benefits				
Saskatchewan Prescription Drug Plan	154,927	151,433	(3,494)	(8)
Saskatchewan Aids to Independent Living	23,567	25,016	1,449	(9)
Supplementary Health Program	14,215	14,034	(181)	
Family Health Benefits	4,667	4,089	(578)	(10)
Multi-Provincial Human Immunodeficiency Virus Assistance	244	240	(4)	
Program Support	2,588	2,500	(88)	
SUBTOTAL	**200,208**	**197,312**	**(2,896)**	
Early Childhood Development	6,669	6,569	(100)	
TOTAL OPERATING EXPENDITURES	**2,526,794**	**2,515,823**	**(10,971)**	
FTE STAFF COMPLEMENT	**567.0**	**606.4**	**39.4**	

** See below for explanations of significant variances between 2003-04 estimates and 2003-04 actuals that are greater than 5% and greater than $500,000, and/or greater than $2,500,000 (0.1% of total department expenditure).

Explanations for significant variances are primarily the result of:

(1) Deferral of Federal Accord investments in Health Reform Fund initiatives, as well as one-time program savings.
(2) Increased costs offset by corresponding revenue or savings in other sub-programs.
(3) Various one-time savings.
(4) Increased utilization and laboratory supply costs.
(5) Increased costs offset by corresponding revenue or savings in other sub-programs.
(6) Various one-time savings.
(7) Decreased usage of chiropractic services.
(8) Decreased usage of drug plan services.
(9) Increased usage of SAIL services.
(10) Decreased usage of extended benefit services.

2003-04 Actual Capital Expenditure for Saskatchewan Health

Capital Equipment

Regional Health Authority	Community/Facility	Project Description	2003-04 Actual Expenditure
Athabasca	Athabasca Health Facility	Diagnostic Imaging Equipment	100,000
Cypress	Swift Current Regional Hospital, Leader Hospital, Shaunavon Hospital, Public Health, Home Care, Various Sites	Diagnostic Imaging Equipment, Medical/Surgical Equipment, Patient Comfort/Safety Equipment, Laboratory Equipment	1,200,000
Five Hills	Moose Jaw Union Hospital, Assiniboia Union Hospital, Public Health, Pioneer Lodge, Ross Payant Nursing Home	Patient Comfort/Safety Equipment, Laboratory Equipment, Other Diagnostic & Therapeutic Equipment, Medical/Surgical Equipment, Other Equipment	1,319,000
Heartland	Rosetown Hospital, Outlook Hospital, Davidson Health Centre, Unity Health Centre, Kindersley Hospital/Heritage Home, Kerrobert Hospital/Buena Vista Lodge, Eston Health Centre, All Sites	Medical/Surgical Equipment, Patient Comfort/Safety Equipment, Laboratory Equipment	247,000
Keewatin Yatthe	La Loche Health Centre, St. Joseph's Hospital, Green Lake Health Centre, Buffalo Narrows Health Centre, Beauval Health Centre	Medical/Surgical Equipment, Patient Comfort/ Safety Equipment, Laboratory Equipment	100,000
Kelsey Trail	Kelvington Hospital, Melfort Hospital, Tisdale Hospital, Nipawin Hospital, Pineview Lodge, Hudson Bay Health Care Facility, Newmarket Manor, Sasko Park Lodge, Kelvindell Lodge, Chateau Providence	Diagnostic Imaging Equipment, Medical/Surgical Equipment, Patient Comfort/Safety Equipment, Laboratory Equipment	316,000
Mamawetan Churchill River	La Ronge Health Centre, Sandy Bay Health Centre	Medical/Surgical Equipment, Patient Comfort/ Safety Equipment, Laboratory Equipment	200,000
Prairie North	Battlefords Union Hospital, Lloydminster Hospital, Paradise Hill Hospital, Meadow Lake Hospital, Riverside Health Complex, Public Health Services, River Heights Lodge, Jubilee Home, Saskatchewan Hospital, Villa Pascal, Battlefords District Care Centre, St. Walburg Health Complex, Pine Island Lodge, L. Gervais Memorial Health Centre, Manitou Health Centre, Maidstone Hospital, Lady Minto Health Care Centre	Diagnostic Imaging Equipment, Medical/Surgical Equipment, Patient Comfort/Safety Equipment, Laboratory Equipment	852,000
Prince Albert Parkland	Victoria Hospital, Mental Health Inpatients, Herb Bassett Home	Medical/Surgical Equipment, Patient Comfort/ Safety Equipment, Laboratory Equipment	819,000
Regina Qu'Appelle	Regina General Hospital, Pasqua Hospital, Wascana Rehabilitation Centre, Imperial Integrated Facility, Various Sites	Diagnostic Imaging Equipment, Medical/Surgical Equipment, Patient Comfort/Safety Equipment, Laboratory Equipment	5,340,000
Saskatoon	Royal University Hospital, St. Paul's Hospital, Saskatoon City Hospital, Parkridge Centre, Various Sites	Diagnostic Imaging Equipment, Medical/Surgical Equipment	5,984,000
Sun Country	Lampman Community Health Centre, Weyburn General Hospital, Galloway Health Centre, Bengough Health Centre, Coronach Health Centre, Pangman Health Centre, Estevan Regional Nursing Home, Mainprize Manor, Moose Mountain Lodge, Kipling Hospital, Redvers Hospital, Redvers Health Centre	Diagnostic Imaging Equipment, Medical/Surgical Equipment, Patient Comfort/Safety Equipment, Laboratory Equipment	399,000
Sunrise	St. Peter's Hospital, Preeceville Hospital, Kamsack Hospital/Nursing Home, Yorkton Regional Health Centre, Melville Ambulance, St. Anthony's Hospital, Home Care, Centennial Special Care Home, St. Paul Lutheran Home, Preeceville Lions Housing, Gateway Lodge, Norquay Health Centre,	Diagnostic Imaging Equipment, Medical/Surgical Equipment, Patient Comfort/Safety Equipment, Laboratory Equipment, Other Equipment	1,484,000
Saskatchewan Cancer Agency	Allan Blair Cancer Centre, Saskatoon Cancer Centre	Other Diagnostic and Therapeutic Equipment	440,000
Provincial Lab	Provincial Lab	Laboratory Equipment	200,000
Capital Equipment Total			**19,000,000**

2003-04 Actual Capital Expenditure for Saskatchewan Health

Capital Projects

Regional Health Authority	Community/Facility	Project Description	2003-04 Actual Expenditure
Athabasca	Stoney Rapids	Hospital Replacement	125,800
Cypress	Gull Lake Special Care Centre	Emergency Generator Replacement	80,730
Cypress	Swift Current	Cypress Regional Hospital	500,000
Five Hills	Assiniboia	LTC Addition to Assiniboia Union Hospital	706,000
Five Hills	Pioneer Lodge	Fire Alarm System Upgrade	42,250
Five Hills	Moose Jaw	Planning & Renovation Costs for Renal Unit	588,800
Heartland	Rosetown Health Centre	Fire Alarm Replacement	65,000
Heartland	Outlook Health Centre	Health Centre Addition to Pioneer Home	400,000
Keewatin Yatthe	Ile à la Crosse	Joint-use Facility	1,400,000
Kelsey Trail	Melfort	Regional Care Centre Replacement	2,660,207
Kelsey Trail	Nipawin	Hospital Roof Repair	260,000
Kelsey Trail	Nipawin	Pineview Lodge Roof Shingle Repair & Replacement	39,000
Kelsey Trail	Cumberland House	Planning Costs for Primary Care Health Centre	200,000
Prairie North	North Battleford	Hemodialysis Unit	300,000
Prairie North	North Battleford	Villa Pascal Sprinkler System	39,000
Prairie North	Battleford Union Hospital	Sprinkler System	227,500
Prairie North	Battleford Union Hospital	Partial Roof Replacement	191,750
Prairie North	L. Gervais Health Centre, Goodsoil	Roof Repairs	22,750
Prairie North	Manitou Health Centre, Neilburg	Roof Repairs	22,750
Regina Qu'Appelle	Pasqua Hospital	Emergency Generator Renewal	444,500
Regina Qu'Appelle	Regina General Hospital	Planning Costs for Maternity & Newborn Care Centre	570,000
Regina Qu'Appelle	Regina General Hospital	Crawlspace Fire Code Upgrade	30,360
Regina Qu'Appelle	Pasqua, General, Wascana Rehab	Medical Gas Alarm Panel Replacement	163,440
Regina Qu'Appelle	Santa Maria Special Care Home	Roof Repairs	195,000
Regina Qu'Appelle	Fort Qu'Appelle	Fort Qu'appelle Indian Hospital Replacement	5,500,000
Saskatoon	Royal University Hospital	Planning Costs CCU & ER Services Expansion	900,000
Saskatoon	Royal University Hospital	Roof Repairs	149,308
Saskatoon	St. Paul's Hospital	Roof Repairs	66,000
Saskatoon	Nokomis Health Centre	Roof Repairs	15,500
Saskatoon	St. Mary's Villa	Roof Repairs	19,500
Saskatoon	Strasbourgh Health Centre	Roof Repairs & Asbestos Abatement	22,750
Sun Country	Tatagwa View, Weyburn	Regional Care Centre Replacement	6,100,000
Sun Country	Kipling Willowdale Lodge Care Home	Fire Code Upgrade	64,000
Sun Country	Weyburn Special Care Home	Roof Replacement	253,700
Sunrise	Yorkton & District Nursing Home	Long-term Care Addition	3,750,000
Sunrise	Canora Hospital	Sprinkler System Installation	143,500
Sunrise	Langenburg Health Care Complex	Dry Pipe Sprinkler System Replacement	15,650
Sunrise	Yorkton & District Nursing Home	Roof Repairs	194,000
Sunrise	Yorkton & District Nursing Home	Roof Shingle Replacement	133,300
Sunrise	Yorkton Regional Health Centre	Roof Replacement	31,800
Saskatchewan Cancer Agency	Saskatoon Cancer Clinic	Linac Bunker Renovations	155,316
Saskatchewan Housing Corp.	Stoney Rapids Staff Housing	Housing Units	300,000
Saskatchewan Property Management Corporation	Uranium City Hospital	Environmental Assessment	7,339
Capital Projects Total			**27,096,500**

2003-04 Regional Health Authorities' Statement of Operations

STATEMENT OF OPERATIONS	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	77,198,754	76,984,632	64,913,923	464,801,195	105,839,572	502,591,000	51,098,974
Other Government Jurisdiction Revenue	516,457	513,728	139,878	10,163,876	412,851	9,169,000	117,551
Out-of-Province/Third Party Reimbursements	10,549,956	5,046,577	7,586,113	24,245,465	15,109,685	18,814,000	9,496,308
Donations	244,119	32,075	31,228	610,372	60,877	30,000	21,601
Investment Income	220,252	288,338	192,799	269,815	42,386	294,000	165,750
Ancillary Operations	-	145,211	-	3,539,344	20,804	3,285,000	70,685
Other	378,895	755,791	188,358	4,561,854	1,592,058	1,992,000	284,787
Total Operating Revenue	**89,108,433**	**83,766,352**	**73,052,299**	**508,191,921**	**123,078,233**	**536,175,000**	**61,25,656**
Operating Expenses:							
Province Wide Acute Care Services	-	281,807	411,586	37,504,295	936,790	31,468,000	50,849
Acute Services	20,663,821	31,504,546	23,619,541	247,812,927	42,776,170	285,299,000	12,633,834
Physician Compensation	653,390	2,209,062	3,396,997	35,772,138	2,225,841	29,290,000	269,044
Supportive Care Services	40,279,204	27,079,434	25,302,096	86,981,428	44,663,495	86,991,000	28,278,015
Home Based Service - Supportive Care	5,372,483	4,288,971	4,654,466	14,842,739	1,418,580	19,485,000	4,786,907
Population Health Services	3,161,907	2,639,872	1,538,426	12,399,659	3,097,477	13,552,000	1,912,939
Community Care Services	4,356,472	4,063,828	3,341,014	15,077,410	5,366,991	21,193,000	2,718,948
Home Based Services - Acute & Palliative	902,212	1,494,665	286,634	5,388,029	6,594,595	3,262,000	645,537
Primary Health Care Services	2,351,365	852,069	2,512,830	6,370,566	722,793	3,631,000	2,688,739
Emergency Response Services	3,046,187	1,908,456	1,957,248	8,020,073	3,192,190	5,005,000	2,576,224
Mental Health Services - Inpatient	1,550,676	1,780,310	1,070,710	6,201,400	1,606,868	5,245,000	-
Addiction Services - Residential	-	685,003	-	-	-	535,000	350,000
Physician Compensation	2,543,240	914,285	978,548	2,888,367	1,085,309	1,314,000	222,407
Program Support Services	4,054,815	3,162,359	4,358,771	29,365,796	6,895,962	29,656,000	4,002,310
Special Funded Programs	169,767	737,794	59,879	2,463,753	1,705,251	5,476,000	2,849
Ancillary	-	116,935	150,000	905,759	451,122	1,159,000	47,369
Total Operating Expenses	**89,105,539**	**83,719,396**	**73,638,746**	**511,994,339**	**122,739,434**	**542,561,000**	**61,165,911**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**2,894**	**46,956**	**(586,447)**	**(3,802,418)**	**338,799**	**(6,386,000)**	**(89,745)**
Operating Fund Balance - Beginning of the year	842,461	1,227,645	79,630	(53,485,843)	(22,247,214)	(22,428,000)	-
Interfund Transfers	(1,258,901)	(46,699)	(237,556)	308,063	(307,846)	-	(84,700)
Equity Adjustments	-	-	-	-	-	-	-
Total Adjustments to Equity	(1,258,901)	(46,699)	(237,556)	308,063	(307,846)	-	(84,700)
Operating Fund Balance - End of Year	(413,546)	1,227,902	(744,373)	(56,980,198)	(22,216,261)	(28,814,000)	5,045
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	4,372,741	9,803,554	4,430,463	622,926	220,143	19,876,000	3,700,741
Accounts Receivable:							
Saskatchewan Health	1,305,213	1,204,831	981,743	8,430,108	2,399,368	6,119,000	1,012,012
Other	1,147,780	708,838	1,468,259	11,617,346	1,561,497	9,228,000	714,013
Inventory	751,379	655,953	827,981	4,271,392	1,272,479	5,439,000	992,063
Prepaid Expenses	620,276	398,123	129,824	3,340,041	686,883	2,973,000	369,943
Investments	-	70,025	503,972	1,099,885	509,801	-	509,717
Restricted Assets	951,854	-	-	-	-	-	-
Other	304,672	-	-	-	-	-	-
Total Operating Assets	**9,453,915**	**12,841,324**	**8,342,242**	**29,381,698**	**6,650,171**	**43,635,000**	**7,298,489**
Liabilities and Operating Fund Balance:							
Accounts Payable	1,510,347	3,062,209	2,216,951	17,748,319	2,900,736	24,496,000	617,319
Bank Indebtedness	-	-	-	23,272,663	11,910,502	-	-
Accrued Liabilities	7,936,901	5,880,174	6,409,560	41,104,155	12,976,541	42,010,000	5,242,505
Deferred Revenue	420,213	2,671,039	460,104	4,236,759	1,078,653	5,943,000	1,433,620
Total Liabilities	**9,867,461**	**11,613,422**	**9,086,615**	**86,361,896**	**28,866,432**	**72,449,000**	**7,293,444**
Externally Restricted	807,908	-	48,698	-	-	-	-
Internally Restricted	143,946	152,556	362,782	-	194,363	-	-
Unrestricted	(1,365,400)	1,075,346	(1,155,853)	(56,980,198)	(22,410,624)	(28,814,000)	5,045
Operating Fund Balance	**(413,546)**	**1,227,902**	**(744,373)**	**(56,980,198)**	**(22,216,261)**	**(28,814,000)**	**5,045**
Total Liabilities and Operating Fund Balance	**7,453,915**	**12,841,324**	**8,342,242**	**29,381,698**	**6,650,171**	**43,635,000**	**7,298,489**

2003-04 Regional Health Authorities' Statement of Operations

STATEMENT OF OPERATIONS	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Grand Total
Operating Revenues:						
Saskatchewan Health - General Revenue Fund	59,218,397	96,849,966	101,673,788	12,953,710	15,019,598	1,629,143,509
Other Government Jurisdiction Revenue	902,147	1,392,537	13,497,006	181,002	74,613	37,080,646
Out-of-Province/Third Party Reimbursements	7,200,689	7,204,989	11,123,654	299,348	859,466	117,536,250
Donations	25,495	31,185	174,296	-	-	1,261,249
Investment Income	157,743	86,470	356,900	12,672	25,667	2,112,792
Ancillary Operations	600,069	1,083,534	1,104,942	83,317	-	9,932,906
Other	118,113	310,510	2,277,810	609,357	449,417	13,518,950
Total Operating Revenue	**68,222,654**	**106,959,191**	**130,205,396**	**14,139,406**	**16,428,761**	**1,810,586,302**
Operating Expenses:						
Province Wide Acute Care Services	503,365	39,487,032	15,367,760	106,212	52,017	126,169,713
Acute Services	23,569,558	1,805,412	42,342,108	4,706,869	5,239,482	741,253,268
Physician Compensation	1,086,198	7,164,856	4,029,743	132,117	39,140	86,268,526
Supportive Care Services	27,938,390	29,436,861	33,735,898	372,007	349,925	-
Home Based Service - Supportive Care	385,749	5,294,707	4,887,742	116,443	-	65,533,787
Population Health Services	3,207,994	3,615,788	3,540,336	2,087,064	1,752,381	52,505,843
Community Care Services	713,786	6,646,414	6,258,640	1,493,689	1,355,671	752,585,863
Home Based Services - Acute & Palliative	-	1,728,593	1,112,850	685,292	778,274	22,878,681
Primary Health Care Services	1,777,016	830,568	3,527,981	2,080,032	1,266,933	-
Emergency Response Services	2,097,849	2,144,982	3,264,187	452,580	1,042,656	34,707,632
Mental Health Services - Inpatient	785,320	3,304,805	1,554,800	-	-	23,099,889
Addiction Services - Residential	458,579	-	617,564	248,536	404,962	3,299,644
Physician Compensation	1,264,990	1,075,575	1,583,632	17,012	909,000	14,796,365
Program Support Services	4,992,249	4,829,911	6,147,208	1,527,654	3,171,550	102,164,585
Special Funded Programs	611,436	708,878	2,019,464	171,604	32,000	14,158,315
Ancillary	426	665,630	195,862	10,625	-	3,703,028
Total Operating Expenses	**69,392,905**	**108,020,012**	**130,185,775**	**14,207,736**	**16,393,991**	**1,823,124,784**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**(1,170,251)**	**(1,060,821)**	**22,621**	**(68,330)**	**34,770**	**(12,538,482)**
Operating Fund Balance - Beginning of the year	1,385,457	(4,970,768)	(644,673)	(469,668)	444,704	(100,266,269)
Interfund Transfers	(85,349)	(64,922)	2,956	-	-	(1,774,954)
Equity Adjustments	-	-	-	-	-	-
Total Adjustments to Equity	(85,349)	(64,922)	2,956	-	-	(1,774,954)
Operating Fund Balance - End of Year	(129,857)	(6,096,511)	(619,096)	(537,998)	479,474	(114,579,705)
STATEMENT OF FINANCIAL POSITION						
Operating Assets:						
Cash and Short-term Investments	3,487,122	1,546,481	7,141,615	238,793	569,097	56,009,676
Accounts Receivable:						
Saskatchewan Health	1,045,077	2,376,669	2,214,809	150,794	199,835	27,439,459
Other	1,912,285	1,348,487	1,823,010	389,979	1,243,905	33,163,399
Inventory	992,740	674,902	1,577,131	118,203	168,525	17,741,748
Prepaid Expenses	435,815	504,257	1,209,415	98,572	23,923	10,790,072
Investments	50,000	70,025	1,702,596	-	-	4,445,996
Restricted Assets	-	-	-	-	-	951,854
Other	12,403	-	-	-	-	317,075
Total Operating Assets	**7,935,442**	**6,450,796**	**15,668,576**	**996,341**	**2,205,285**	**150,859,279**
Liabilities and Operating Fund Balance:						
Accounts Payable	1,143,323	2,829,387	5,144,608	194,767	482,839	62,346,805
Bank Indebtedness	-	-	-	-	-	35,183,165
Accrued Liabilities	6,449,801	8,629,850	9,782,734	982,363	842,744	148,247,328
Deferred Revenue	212,462	1,088,070	1,360,330	357,209	400,228	19,661,687
Total Liabilities	**7,805,586**	**12,547,307**	**16,287,672**	**1,534,339**	**1,725,811**	**265,438,985**
Externally Restricted	-	-	-	-	-	856,606
Internally Restricted	-	-	65,200	-	-	918,847
Unrestricted	129,856	(6,096,511)	(684,296)	(537,998)	479,474	(116,335,159)
Operating Fund Balance	**(129,856)**	**(6,096,511)**	**(619,096)**	**(537,998)**	**479,474**	**(114,579,706)**
Total Liabilities and Operating Fund Balance	**7,935,442**	**6,450,796**	**15,668,576**	**996,341**	**2,205,285**	**150,859,279**

Where to Obtain Additional Information

Detailed information about Saskatchewan Health's programs and services is available on the Web site www.health.gov.sk.ca

Specific contact information is also available for a variety of health services in Appendix V: Saskatchewan Health Directory of Services. Further inquiries can be made to Saskatchewan Health at webmaster@health.gov.sk.ca

Comments on the 2002-03 and 2003-04 Performance Plans can also be directed to the Webmaster.

Appendix I: Statement on SUFA

On February 4, 1999, the Prime Minister and Canada's Premiers, except for the Premier of Québec, signed an agreement to improve the social union for Canadians. The agreement has come to be known as the Social Union Framework Agreement (SUFA).

To help overcome past tensions and address future challenges, SUFA provides an agreed-to framework through which governments can adjust the content of the social union in response to the changing needs of Canadians. It includes commitments by governments to involve Canadians in the social policy and program development process, to avoid and resolve disputes, to work cooperatively to sustain and strengthen Canada's social policies and programs, and to improve the accountability of governments to Canadians. Consistent with the spirit and intent of SUFA, there have been important developments since February 1999 in the area of social policy transparency. In their September 2000 Communiqué on Health, First Ministers agreed to provide clear accountability reporting to Canadians. First Ministers directed Health Ministers to provide, "comprehensive and regular public reporting", and to "collaborate on the development of a comprehensive framework using jointly agreed comparable indicators for reporting".

Comparable Health Indicators Reports were subsequently released by all jurisdictions in September 2002. In their February 2003 Accord, First Ministers further agreed that each jurisdiction would report to its constituents on its health spending, provide comprehensive and regular public reporting on the health programs it delivers as well as on health system performance, health outcomes and health status. These reports are to include the indicators set out in the September 2000 communiqué as well as the additional comparable indicators to be developed on the themes of quality, access, system efficiency and effectiveness.

The February 2003 Accord also saw a commitment to establish a National Health Council to monitor and report annually on the implementation of the First Ministers' Accord. On December 9, 2003 Federal/Provincial/Territorial Ministers of Health announced the creation of the Health Council, including the names of the Chair and 25 councilors. The Council will collaborate with Quebec's Council on Health and Welfare.

Appendix II: Summary of Saskatchewan Health Legislation

The Ambulance Act
- Regulates emergency medical service personnel and the licensing and operation of ambulance services.

The Cancer Foundation Act
- Sets out funding relationship between Saskatchewan Health and the Saskatchewan Cancer Foundation and its responsibility to provide cancer related services.

The Change of Name Act, 1995
- Administers the registration of legal name changes for residents of Saskatchewan.

The Chiropody Profession Act
- Regulates the profession of chiropody/podiatry but will be repealed once *The Podiatry Act* is proclaimed in force.

The Chiropractic Act, 1994
- Regulates the chiropractic profession.

The Dental Care Act
- Governed the department's former dental program and currently allows for the subsidy program for children receiving dental care in northern Saskatchewan.

The Dental Disciplines Act
- Omnibus statute regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

The Department of Health Act
- Provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

The Dietitians Act
- Regulates dietitians in the province.

The Emergency Medical Aid Act
- Provides protection from liability for physicians, nurses and others when they are providing, in good faith, emergency care outside a hospital or place with adequate facilities or equipment.

The Health District Act
- Most of the provisions within this Act have been repealed with the proclamation of most sections of *The Regional Health Services Act*. Provisions with regards to payments by amalgamated corporations to municipalities.

The Health Facilities Licensing Act
- Governs the establishment and regulation of health facilities such as non-hospital surgical clinics.

The Health Information Protection Act
- Protects personal health information in the health system in Saskatchewan and establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services.

The Health Quality Council Act
- Governs the Health Quality Council which is an independent, knowledgeable voice that provides objective, timely, evidence-based information and advice for achieving the best possible health care using available resources within the province.

The Hearing Aid Act
- Governed the Department-run hearing aid and audiology program. However, since this program is now run by the regional health authorities, it no longer has any application.

The Hearing Aid Sales and Services Act (not yet proclaimed)
- Regulates private businesses involved in the testing of hearing and the selling of hearing aids.

The Hospital Standards Act
- Provides the standards to be met for services delivered in hospitals.

The Housing and Special-care Homes Act
- Regulates the establishment, licensing and funding of special-care homes (long term care facilities) in the province.

The Human Tissue Gift Act
- Regulates organ donations in the province.

Appendix II: Summary of Saskatchewan Health Legislation

The Licensed Practical Nurses Act, 2000
- Regulates licensed practical nurses in the province.

The Medical and Hospitalization Tax Repeal Act
- Ensures premiums cannot be levied under *The Saskatchewan Hospitalization Act* or *The Saskatchewan Medical Care Insurance Act.*

The Medical Laboratory Licensing Act, 1994
- Governs the operation of medical laboratories in the province.

The Medical Laboratory Technologists Act
- Regulates the profession of medical laboratory technology.

The Medical Profession Act, 1981
- Regulates the profession of physicians and surgeons.

The Medical Radiation Technologists Act
- Regulates the profession of medical radiation technology.

The Mental Health Services Act
- Regulates the provision of mental health services in the province and the protection of persons with mental disorders.

The Midwifery Act (not yet proclaimed)
- Will regulate midwives in the province.

The Mutual Medical and Hospital Benefit Associations Act
- Sets out the authority for community clinics to operate in Saskatchewan.

The Naturopathy Act
- Regulates naturopathic physicians in Saskatchewan.

The Occupational Therapists Act, 1997
- Regulates the profession of occupational therapy.

The Ophthalmic Dispensers Act
- Regulates opticians in the province.

The Optometry Act, 1985
- Regulates the profession of optometry.

The Osteopathic Practice Act
- Regulates osteopathic physicians in Saskatchewan.

The Personal Care Homes Act
- Regulates the establishment, size and standards of services of personal care homes.

The Pharmacy Act, 1996
- Regulates pharmacists and pharmacies in the province.

The Physical Therapists Act, 1998
- Regulates the profession of physical therapy.

The Prescription Drugs Act
- Provides authority for the provincial drug plan and the collection of data for all drugs dispensed within the province.

The Psychologists Act, 1997
- Regulates psychologists in Saskatchewan.

The Public Health Act
- Sections 85-88 of this Act remain in force in order that governing boards of some facilities can continue to operate.

The Public Health Act, 1994
- Provides authority for the establishment of public health standards, such as public health inspection of food services.

The Regional Health Services Act
- This Act addresses the governance and accountability of the regional health authorities, establishes standards for the operation of various health programs and will repeal *The Health Districts Act, The Hospital Standards Act* and *The Housing and Special-care Homes Act.*

The Registered Nurses Act, 1988
- Regulates registered nurses in Saskatchewan.

The Registered Psychiatric Nurses Act
- Regulates the profession of registered psychiatric nursing.

The Saskatchewan Health Research Foundation Act
- Governs the Saskatchewan Health Research Foundation, which designs, implements, manages and evaluates funding programs to support a balanced array of health research in the province of Saskatchewan.

Appendix II: Summary of Saskatchewan Health Legislation

The Saskatchewan Medical Care Insurance Act

- Provides the authority for the province's medical care insurance program and payments to physicians.

The Senior Citizens' Heritage Program Act

- This Act provided the authority for an obsolete low-income senior citizens program.

The Speech-Language Pathologists and Audiologist Act

- Regulates speech-language pathologists and Audiologist in the province.

The Tobacco Control Act

- The purpose of this Act is to control the sale and use of tobacco and tobacco-related products in an effort to reduce tobacco use, especially among Saskatchewan young people, and to protect young people from exposure to second-hand smoke.

The Vital Statistics Act, 1995

- Administers the registration of births, deaths, marriages, adoptions and divorces in the Province of Saskatchewan.

The White Cane Act

- Sets out the province's responsibilities with respect to services for the visually impaired.

Appendix III: Legislative and Regulatory Amendments

Legislation

During the 2003-2004 fiscal year, there were a number of Bills that received royal assent, received royal assent and came into force or were proclaimed in force.

The Health Information Protection Amendment Act, 2003
This Amendment Act clarified the rights individuals have regarding records on the Saskatchewan Health Information Network (SHIN) or similar records created and controlled by other prescribed persons, clarified the intent regarding use and disclosure of personal health information, and addressed several errors or omissions in the original statute. This Amendment Act and *The Health Information Protection Act* came into force on September 1, 2003.

The Occupational Therapists Amendment Act, 2003
The amendments provided for registration and licensure of an occupational therapist who has a Professional Masters degree in occupational therapy without having first received an undergraduate degree in occupational therapy and made housekeeping changes regarding the filing of bylaws. This Bill received royal assent on May 27, 2003 and will be proclaimed in force once supporting bylaws have been created by the Saskatchewan Society of Occupational Therapists and approved by the Minister of Health.

The Medical Profession Amendment Act, 2002
Section 18 of this Amendment Act allowed the College of Physicians and Surgeons of Saskatchewan to take action against a person registered under *The Medical Profession Act, 1981* after s/he is no longer registered under the Act and an allegation is raised within two years of the time they cease to be licensed in Saskatchewan. This section was proclaimed in force on January 1, 2003.

Section 3, clauses 4(a), (b), (d), (f), (j), section 5, 7 to 9 and 17, subsections 20(1), (2), (3) and (4), subclause 20(5)(a)(ii) and clause 20(5)(b), subsection 20(6), clause 21(a), subsection 26(1), section 32, clause 33(a), section 35 to 38 and 40 to 42 of this Amendment Act were proclaimed in force September 1, 2003. All of these provisions provide the College of Physicians and Surgeons of Saskatchewan with the authority to regulate podiatric surgeons in the province.

The Miscellaneous Statutes (Security Management) Amendment Act, 2003
Three Health statutes were amended within this omnibus Bill and these changes came into effect on June 27, 2003. Specifically, amendments to:

- *The Department of Health Act* expanded the powers of the Minister of Health to demand documents and information prior to issuing health services cards and substantially increased penalties for individuals attempting to obtain this identification by knowingly providing false or misleading information;
- *The Public Health Act, 1994* enhanced its authority to more effectively respond to serious public health threats and hazards associated with terrorist activity; and
- *The Saskatchewan Medical Care Insurance Act* increased the penalty for withholding information or providing false information for the purpose of registering for a provincial health services card.

The Miscellaneous Statutes (Security Management) Amendment Act, 2003 (No. 2)
Two Health statutes were amended within this omnibus Bill and these changes came into effect on June 27, 2003. Specifically, amendments to *The Vital Statistics Act, 1995* and *The Change of Name Act, 1995* expanded the powers of the Director of Vital Statistics to demand documents and information prior to issuing identity documents and substantially increased penalties for individuals attempting to obtain this identification by knowingly providing false or misleading information.

The Personal Care Homes Amendment Act, 2003
Amendments to this Act allowed and identified the terms for the collection and use of security to be obtained from applicants for a large personal care home licence with an authorized capacity of 21 or more residents, allowed for the appointment of an administrator by the Minister of Health or by the Court should the situation arise where the security is forfeited, and allowed the Crown to claim costs they have put into the winding up of an operation as a debt to the Crown, and an ability to recover these costs pursuant to *The Financial Administration Act*. These amendments came into force on September 19, 2003.

Appendix III: Legislative and Regulatory Amendments

The Pharmacy Amendment Act, 2003
This Amendment Act provided a regulatory bylaw-making authority allowing pharmacists to prescribe medications, change the name of the association from the "Saskatchewan Pharmaceutical Association" to the "Saskatchewan College of Pharmacists", and provided an administrative bylaw-making authority for the transfer of funds from the Saskatchewan Pharmaceutical Association to the Representative Board of Saskatchewan Pharmacists or similar organization for any purpose consistent with the objectives of the Association. These amendments came into force on September 1, 2003.

The Podiatry Act
This new Act changed the name of the Act from *The Chiropody Profession Act* to *The Podiatry Act*, changed the name of the "Saskatchewan Association of Chiropodists" to the "Saskatchewan College of Podiatrists," provided standard provisions for regulating a health profession in the province, and provided bylaw-making authority to allow podiatrists to prescribe medications and order diagnostic tests. This Bill received royal assent on May 27, 2003 and will be proclaimed in force once supporting bylaws have been created by the Saskatchewan Association of Chiropodists and approved by the Minister of Health.

The Prescription Drugs Amendment Act, 2002
All of the provisions in this Amendment Act, except section 4 were proclaimed in force on July 1, 2003. Amendments to this Act provide authority for Saskatchewan Health to collect information on all prescriptions dispensed in Saskatchewan, regardless of who pays for the prescription and legislates a duty of pharmacists and others to provide this information.

The Regional Health Services Act
Section 61 and subsections 65(5), 99(8), 114(2) and (6) were proclaimed in force August 1, 2003. Section 61 sets out the insurance requirements for regional health authorities and health care organizations. Subsection 65(5) repealed section 19 of *The Health Districts Act*. Subsection 99(8) repealed section 15 of *The Hospital Standards Act*. Subsections 114(2) and (6) repealed sections 3-17 and 37-43 and 45 of *The Housing and Special-care Home Act*.

The Registered Nurses Amendment Act, 2001
Sections 1 to 3 and 5 to 16 were proclaimed in force May 1, 2003. These provisions provided the authority for the Saskatchewan Registered Nurses Association (SRNA) to make regulatory bylaws for a new category of registered nurse called registered nurse (nurse practitioner).

The Registered Nurses Amendment Act, 2003
Amendments to this Act provided the Saskatchewan Registered Nurses Association (SRNA) with authority to make bylaws to establish and govern a continuing competence program, and required the participation of members in that program, ensured the confidentiality of any information related to a member's participation in the continuing competence program, specified the term of office of a public representative as three years, and provided for filing requirements for administrative bylaws. This Amendment Act came into force on December 1, 2003.

Legislation before the Legislative Assembly at time of Writing

At time of writing, five Health Bills had received royal assent during the First session of the 25th Legislature and *The Ambulance Amendment Act, 2004* was still being considered by the Legislative Assembly in the second reading stage. *The Miscellaneous Statutes Repeal (Regulatory Reform) Act, 2004*, which contains *The Hearing Aid Act* completed second reading and was referred to the Standing Committee on Human Services.

The Ambulance Amendment Act, 2004
This Bill proposes to repeal obsolete references to ambulance districts and boards, repeal ambulance contract obligations since ambulance operators are now prescribed health care organizations under *The Regional Health Services Act* and are therefore subject to the obligations for services agreements and reporting requirements of that Act, and repeal sections pertaining to the provincially run air ambulance program since the authority for this program is now provided within *The Regional Health Services Act*.

Appendix III: Legislative and Regulatory Amendments

The Miscellaneous Statutes Repeal (Regulatory Reform) Act, 2004
This omnibus Repeal Act contains the repeal of *The Hearing Aid Act*. This statute was enacted more than twenty-five years ago and outlined a Department-run program to provide beneficiaries with hearing testing and hearing aid purchases and fittings. During the mid-1990's, this program was transferred to the then district health boards, now the regional health authorities. With this transfer of responsibility and funding, *The Hearing Aid Act* no longer has application for this program.

The Psychologists Amendment Act, 2004
The amendments passed by the Legislative Assembly, once proclaimed in force, will require bylaws to be presented to the membership of the Saskatchewan College of Psychologists for approval, clarify that members must have completed the educational requirements before consideration will be given to issue a provisional licence, allow for a provisional license to be issued and make some minor housekeeping changes.

The Public Health Amendment Act, 2004
Amendments were passed by the Legislative Assembly which clarify certain terms used in the Act, clarify that the local authority is responsible for administering the regulations under the authority of the Act, clarify obligations for potable water, repeal a milk pasteurization provision since federal legislation already covers this responsibility, provide local authorities with authority to order the destruction of food when seized, provide local authorities with flexibility when placarding or ordering repairs for buildings and when requesting a municipality to abate a health hazard, provide a medical health officer with the authority to order persons or agencies to take measures to prevent or control vector-borne diseases such as West Nile virus, provide municipalities with bylaw making authority to address plumbing and sewer issues, remove the minister from the process to approve municipal bylaws pertaining to fluoridation and plumbing permits and to allow health hazard abatement orders to be published in a locally circulating newspaper where there is no known address for the person receiving the order.

The Regional Health Services Amendment Act, 2004
Amendments to *The Regional Health Services Act* were passed to provide authority for a diagnostic imaging registry, clarify the obligations for the reporting of critical incidents by regional health authorities and health care organizations to the Department, clarify the process for terminating regional health authority member appointments, provide the minister with the authority to issue guidelines and directions, clarify practitioner staff bylaw provisions and to clarify regional health authority financial reporting requirements.

The Tobacco Control Amendment Act, 2004
Amendments were passed that will provide for a one hundred per cent smoking ban in all public places effective January 1, 2005. Other amendments were passed that provide municipalities with jurisdiction to enact bylaws that go beyond the obligations contained within *The Tobacco Control Act*, ban the sale of tobacco and tobacco-related products in youth-frequented establishments, provide authority to charge proprietors and/or individuals in places and premises where smoking is prohibited, establish a minimum number of tobacco products sold in a package, establish appropriate forgiveness periods for previous convictions when applying penalties for tobacco retailers who have contravened the tobacco sales provisions, provide tobacco enforcement officers with authority to question a person who appears to be under-age and was sold tobacco products and increase the penalty for obstructing a tobacco enforcement officer.

The Vital Statistics Amendment Act, 2004
Amendments were passed that will remove the birth mother's ability to choose not to acknowledge a child's birth father when registering the birth of a child and will remove the option for a birth mother to apply to amend the parental particulars of a child's birth registration without the father's consent because the father was unacknowledged. These changes are consistent with the Supreme Court of Canada's decision in *Trociuk v. Attorney General for British Columbia*.

Appendix IV: Regulations

A number of regulatory amendments were made in 2003-2004.

Regulations

A number of regulations changes came into force in the 2003 - 2004 fiscal year.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2003
These amendments provided authority for the payment of insured physician services on the basis of an amended payment schedule which took effect April 1, 2003.

The Disease Control Regulations
These new regulations:

- repeal *The Communicable Disease Control Regulations*;
- repeal Saskatchewan Regulations 257/70 (*The Care of the Dead Regulations*);
- strengthen reporting requirements of category II communicable diseases by physicians, laboratories, and clinic nurses;
- allow for the collection of non-nominal information at anonymous test sites;
- replace the term Canadian Red Cross with Canadian Blood Services;
- expand the list of blood-borne diseases that have to be reported to the Canadian Blood Services;
- standardize the type of information on category II communicable diseases (except HIV/AIDS) that is reported to the medical health officer;
- require the operators of health facilities to report communicable disease outbreaks to the medical health officer;
- require the medical health officer to investigate outbreaks and provide information related to outbreaks to the co-ordinator of communicable disease control (i.e. chief medical health officer);
- allow the coordinator of communicable disease control or the medical health officer to require further testing of isolates or specimens to determine existence of an outbreak;
- allow the disclosure of communicable disease information to medical health officers and public health agencies for purposes of controlling communicable diseases;
- allow the disclosure of immunization records to medical health officers and public health agencies for persons relocating to another health region or jurisdiction outside the province;
- require persons who provide immunizations to report adverse reactions;
- require medical health officers to ensure testing of blood samples of newborns (for phenylketonuria or hypothyroidism) who have been discharged early from hospital;
- establish a new category of diseases (i.e. specified communicable diseases);
- strengthen requirements for the handling and care of deceased persons;
- update requirements related to the disinterment of deceased bodies; and
- expand the list of communicable diseases that are reportable to medical health officers.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2003 (No. 2)
These amendments provided authority for the payment of insured chiropractic services on the basis of an amended payment schedule which took effect May 1, 2003.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2003 (No. 3)
These amendments provided authority for the payment of insured optometric services on the basis of an amended payment schedule which took effect June 1, 2003

The Drug Plan Medical Supplies Regulations
These regulations were created to establish the authority for the Minister of Health to make payment for designated medical supplies to beneficiaries of the Drug Plan.

The Prescription Drugs Amendment Regulations, 2004
These amendments provided authority for:

- coverage for certain medical supplies listed in the Saskatchewan Formulary such as blood and urine test strips, syringes, needles, swabs and lancets;
- beneficiaries receiving benefits under Family Health Benefits, the Saskatchewan Income Plan and Guaranteed Income Supplement to determine if the income-tested Special Support program would provide them with a better benefit, and if so, allow these beneficiaries to be covered under Special Support program rather than their semi-annual deductible;

- beneficiaries of the income-tested Special Support program to give consent to the Department to obtain yearly Canada Customs & Revenue Agency income tax return data, so that these beneficiaries do not need to apply each year for a continuation of their benefits; and
- for the Department to collect certain prescription drug information from proprietary pharmacies and public pharmacies.

The Public Accommodation Amendment Regulations, 2004
These amendments enabled public health inspectors to waive the requirement for the provision of potable water at a public accommodation when it is not practicable to do so, required owners/operators of public accommodations that are infested with rodents or insects to take action to remove or destroy such animals and required owners/operators of public accommodations to meet indoor temperature minimums and to be subject to testing when the temperature constitutes a health hazard.

The Saskatchewan Assistance Plan Supplementary Health Benefits Amendment Regulations, 2003 (No. 2)
These amendments extended supplementary health benefits to persons with a disability who move from social assistance to the workforce and clarified the supplementary health benefits available to persons receiving the Transitional Employment Allowance.

The Drug Schedules Amendment Regulations, 2003
These amendments defined pharmacists as prescribers of emergency contraception medications, added a definition for "Act" and corrected references to "Act" throughout the Regulations.

The Disease Control Amendment Regulations, 2003
These amendments substituted the term designated public health officer for medical health officer and established which medical health officer has primary responsibility for cases, defined the term "period of transmissibility, strengthened reporting requirements of Category I communicable diseases by physicians, laboratories and clinical nurses, specified which information on cases or contacts a regional health authority can share with other regional health authorities or other public health officials for purposes of controlling a communicable disease, and established detention times for persons in isolation or under quarantine.

The Personal Care Homes Amendment Regulations, 2003
These amendments specified the amount of security that must be produced by new large personal care home applicants (21 beds or more), specified how the security requirement would apply to existing personal care homes, further clarified the meaning of special-care home to include those institutional supportive care beds in hospitals and health centres and further clarified the insurance requirement respecting the protection of resident's belongings against theft by personal care home staff.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2003 (No. 4)
These amendments provided authority for the payment of insured physician services on the basis of an amended payment schedule which took effect October 1, 2003.

The Hospital Standards Amendment Regulations, 2003
These amendments repealed provisions pertaining to hospital board requirements since hospital boards no longer exist, respecting requirements for the physical space for hospital pharmacies and that pharmacists must have a copy of the repealed *Narcotic Control Act* (Canada), providing medical health officers with the ability to attend medical staff meetings and examine hospital patients, setting the requirements for hospitals to report communicable disease, providing authority for boards of inquiry and establishing therapeutic abortion committees in hospitals with 50 or more beds.

The Housing And Special-Care Homes Amendment Regulations, 2003
These amendments repealed provisions which pertained to the administrative staff of special-care homes and the design and construction of special-care homes.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2003 (No. 5)
These amendments provided authority for the payment of insured dental services on the basis of an amended payment schedule which took effect April 1, 2003 and April 1, 2004.

Appendix V: Saskatchewan Select Hospitals Data

Hospital Category	Community	Community Population 2003	Family Physicians March 2003 [a]	Specialists March 2003 [b]	Surgery Cases (Inpatient and Day Surgery) 2002/03 [h]	Births 2002/03 (Preliminary Data)	Acute Average Daily Patient Census 2002/03 (Preliminary Data)	Acute Beds Staffed March 2003
Provincial (5)	Saskatoon (3 hospitals)	206,505	178	393	36,997	3,832	546	638
	Regina (2 hospitals)	184,006	151	205	29,912	2,891	487	520
Regional (6)	Prince Albert [c]	36,693	45	43	5,746	1,187	86	98
	Moose Jaw	32,185	26	23	4,733	472	60	85
	Lloydminster [d]	22,154	10	10	2,179	613	37	48
	North Battleford	15,135	17	16	2,285	377	49	75
	Yorkton	16,916	10	17	3,924	542	56	85
	Swift Current	15,709	17	17	2,575	309	54	79
District (9)	Estevan	10,657	10	1	793	252	32	53
	Weyburn	9,916	11	2	328	90	21	40
	Meadow Lake [c]	6,206	9	0	523	338	17	32
	Melfort	5,844	7	2	1,180	121	21	39
	Humboldt	5,562	9	1	1,004	109	27	39
	Nipawin	5,000	10	1	268	128	21	32
	Kindersley	4,736	5	0	311	79	17	19
	Melville	4,629	4	1	323	18	18	30
	Tisdale	3,529	5	0	226	39	13	24
North (4)	La Ronge	4,458	8	0	24	102	10	29
	La Loche	2,882	3	0	0	3	1	11
	Ile a la Crosse	1,574	2	0	0	9	4	20
	Stony Rapids [f]	949	0	0	0	0	0	0
Community (42)	Assiniboia	2,710	2	0	0	0	11	12
	Rosetown	2,644	4	0	245	31	14	16
	Esterhazy	2,675	4	0	13	0	12	20
	Maple Creek	2,601	4	0	15	6	7	18
	Moosomin	2,535	8	0	144	31	17	27
	Biggar	2,435	3	0	7	0	8	13
	Unity	2,387	2	0	6	7	5	10
	Outlook	2,370	3	0	5	2	9	10
	Canora	2,470	3	1	5	1	12	14
	Hudson Bay	2,264	3	0	0	14	5	10
	Fort Qu'Appelle	2,331	3	0	6	0	9	12
	Wynyard	2,119	5	0	1	1	8	8
	Watrous	2,070	3	0	0	0	4	4
	Shaunavon	1,993	2	0	2	4	8	16
	Kamsack	1,954	3	0	26	17	18	20
	Indian Head	1,916	2	0	3	0	7	15
	Shellbrook	1,593	5	0	0	1	12	18
	Rosthern	1,570	6	0	11	27	13	30
	Wadena	1,460	2	0	2	3	7	12
	Lanigan	1,411	2	0	13	0	4	4
	Gravelbourg	1,286	2	0	0	0	7	9
	Preeceville	1,254	2	0	9	0	10	10
	Kerrobert	1,117	2	0	1	0	7	6
	Maidstone	1,190	3	0	0	4	8	18
	Spiritwood	1,151	4	0	4	2	7	9
	Davidson	1,128	1	0	1	0	1	2
	Kelvington	1,074	3	0	0	3	5	15
	Kipling	1,076	3	0	8	2	11	17
	Big River	1,113	2	0	0	0	4	10
	Wakaw	1,015	3	0	2	4	10	19
	Redvers	989	3	0	0	3	6	11
	Porcupine Plain	983	1	0	0	11	5	9
	Leader	943	1	0	2	0	4	22
	Wolseley	843	2	0	0	9	8	17
	Herbert	812	1	0	0	0	8	13
	Broadview	640	2	0	0	6	8	18
	Balcarres	616	2	0	4	2	6	6
	Arcola	573	1	0	6	3	7	11
	Paradise Hill	608	1	0	0	0	1	9
	Central Butte	498	2	0	0	0	4	6
	Loon Lake	401	1	0	0	0	1	13
	Lestock (Punnichy)	157	2	0	12	0	7	9
Hospitals operating as health centres (4)	Wawota [e]	613	0	0	0	0	0	0
	Hafford [e]	476	0	0	0	0	0	0
	Uranium City [e] [f]	167	1	0	0	0	0	0
	Foam Lake [g]	1,254	2	0	0	0	2	0
		663,190	**651**	**733**	**93,884**	**11,705**	**1,905**	**2,544**
ALL SASKATCHEWAN (covered by Saskatchewan Health)		**1,007,753**	**698**	**734**				

(a) Family physicians (or general practitioners) who were active as of March 18, 2003. "Active" physicians are those with their own MSB billing number who earn $15,000 or more in Medical Services Plan payments in the quarter and are still in practice on the last day of the quarter. It also includes physicians on an alternate funding arrangement who submit $15,000 or more in shadow billings. Ile a la Crosse and Uranium City don't shadow bill, therefore the number of full-time funded positions is used.
(b) Specialists with active Medical Services Plan billing numbers. Specialists who practice in more than one location are registered in the community where they earn the majority of income, or (for those on contract) in the largest community.
(c) Among Regional and District hospitals, Prince Albert and Meadow Lake treat a high percentage of referrals from northern communities.
(d) The population of Lloydminster includes Lloydminster, Alberta. Family physician total excludes approximately 18 general practitioners who bill through Alberta Health.
(e) Wawota, Hafford, and Uranium City are currently operating as health centres due to lack of staff and/or physician coverage.
(f) Uranium City Municipal Hospital will be replaced by a new hospital in Stony Rapids. Construction was completed in Summer, 2003.
(g) Foam Lake began operating as a health centre on November 1, 2002.
(h) Surgical cases are identified using CIHI's medical/surgical indicator (inpatient cases) and 1991 list of operative procedures (day surgery cases) to 2003 data. Counts for 2002-03 are not fully comparable to counts made prior to 2001-02 because a new coding system (Canadian Classification of Interventions) was introduced in that year.

Appendix VI: Saskatchewan Health Directory of Services

Visit our web site at www.health.gov.sk.ca. Some forms and program information may be available online.

1. **For a map of Saskatchewan's Regional Health Authorities:**
   Visit the following web site: http://www.health.gov.sk.ca/ph_rha_map.html or contact:
   Communications Branch
   Saskatchewan Health
   3475 Albert Street
   Regina, SK S4S 6X6
   Telephone: (306) 787-3696

2. **Local Regional Health Authority offices:**

Cypress Regional Health Authority	778-5100
Five Hills Regional Health Authority	694-0296
Heartland Regional Health Authority	882-4111
Keewatin Yatthe Regional Health Authority	235-2220
Kelsey Trail Regional Health Authority	873-3100
Mamawetan Churchill River Regional Health Authority	425-2422
Prairie North Regional Health Authority	446-6622
Prince Albert Parkland Regional Health Authority	765-6100
Regina Qu'Appelle Regional Health Authority	766-5365
Saskatoon Regional Health Authority	655-1576
Sun Country Regional Health Authority	842-8718
Sunrise Regional Health Authority	786-0109
Athabasca Health Authority	439-2200
Saskatchewan Cancer Agency	585-1831

3. **To report changes to the health registry, or to obtain a health services card, or for more information concerning health registration:**

   Saskatchewan Health Registration
   Saskatchewan Health
   1942 Hamilton Street
   Regina, SK S4P 3V7

   - Regina residents (306) 787-3251 or
   - Other residents within the province may call our toll-free number at: 1-800-667-7551.

   Or, visit our web site at www.health.gov.sk.ca. Some forms may be available online.

4. **For problem gambling prevention and treatment services:**

   - Toll-free Problem Gambling Help Line 1-800-306-6789

5. **For free health information from a qualified Registered Nurse:**

   - Healthline 1-877-800-0002

6. **Supplementary Health Program and Family Health Benefits:**

   - Regina residents (306) 787-4723 or
   - Other residents within the province may call toll-free 1-877-696-7546

7. **For information about the Saskatchewan Air Ambulance program:**

   - Telephone (306) 787-1586

8. **For Special Support applications for prescription drug costs:**

   Either contact your pharmacy, or call:

   - Regina residents (306) 787-3317 or
   - Other residents within the province may call our toll-free number 1-800-667-7581

9. **For additional information about Saskatchewan Aids to Independent Living (SAIL):**

   - Telephone (306) 787-7121

10. **Out-of-province health services:**

    - Regina residents (306) 787-3437 or
    - Other residents within the province may call our toll-free number 1-800-667-7523

    Prescription Drug inquiries
    - Regina residents (306) 787-3317 or
    - Other residents within the province may call our toll-free number 1-800-667-7581

11. **To obtain refunds for out-of-province physician and hospital services, and drug costs, forward bills to:**

    Claims and Benefits
    Medical Services Plan
    Saskatchewan Health
    3475 Albert Street
    Regina, SK S4S 6X6 and

    Drug Plan and Extended Benefits Branch
    Saskatchewan Health
    3475 Albert Street
    Regina, SK S4S 6X6